TOWCESTER RURAL DISTRICT

ANNUAL REPORT

of the

Medical Officer of Health

for the

Year 1972

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JOAN M. ST. V. DAWKINS, M.B., B.S., F.F.C.M., D.P.H., D.C.H.

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SUMMARY OF VITAL STATISTICS, 1972

Area (acres)	59,005
Population 1961 (Census)	15,198
Population (Registrar-General's Mid Year Estimate)	22,260
Number of separate dwellings occupied (1961 Census) ...	5,263
Number of separate dwellings occupied 1972	7,486
Rateable Value	£618,715
Product of a Penny Rate, 1972	£6,262

Live Births—	*Total*	*Male*	*Female*	*Rate*
Legitimate	450	234	216	
Illegitimate	19	10	9	
	469	244	225	21.1

Stillbirths—	*Total*	*Male*	*Female*	*Rate*
Legitimate	5	1	4	
Illegitimate	—	—	—	
	5	1	4	11.0

	Total	*Male*	*Female*	*Rate*
Deaths (all causes)	177	81	96	8.0
Deaths from Pregnancy, Childbirth, Abortion	—	—	—	Nil
Neo-natal Mortality	2	—	2	4.0
Early Neo-Natal Mortality	1	—	1	2.0
Perinatal Mortality	6	1	5	13.0
Infant Mortality—				9.0
Legitimate	4	1	3	9.0
Illegitimate	—	—	—	Nil

Deaths from Cancer (all ages)	41
Deaths from Tuberculosis	Nil
Deaths from Heart Disease	92

Towcester Rural District Council

Members of the Public Health Committee:

Mr. R. J. Chapman, Mr. P. Clarke, Mr. S. P. Dunkley, Mr. J. H. Ivens, (*Vice-Chairman*), Miss J. C. M. Messinger, Mrs. D. M. Moore, Mr. E. G. Nicholls (*Chairman*), Mr. I. R. Harris, Mr. W. G. Peel, Mr. F. Riley, Mrs. M. J. Shaw, Mr. W. A. Storer, Mrs. V. S. White, Mr. P. J. Worrall.

Members of the Housing Committee:

Mr. P. W. Foster, Mr. J. A. Green, Mr. K. J. Hayle, Mr. G. Lovell, Mr. D. McArthur, Mr. F. G. Nightingale, Mrs. M. D. Paffey, Mr. H. O. Prosser, Mrs. B. J. Richards, Mr. R. L. C. Ridgway (*Vice-Chairman*), Mr. W. W. Stephenson (*Chairman*), Mr. A. C. Tee, Mr. R. A. Whitlock, Mr. S. G. Whitmore.

Public Health Officers of the Local Authority:

JOAN M. ST. V. DAWKINS, M.B., B.S., F.F.C.M., D.P.H., D.C.H.
Medical Officer of Health, Division 1, Northamptonshire
(Boroughs of Brackley and Daventry; Urban District of Wellingborough; Rural Districts of Brackley, Brixworth, Daventry, Northampton, Towcester and Wellingborough)
Senior Assistant County Medical Officer of Health

Secretary: Mrs. Erica Stevenson
Divisional Health Office, 7 Cheyne Walk, Northampton
NN1 5PT. Tel.: Northampton 34833

Chief Public Health Inspector:

DAVID JOSEPH POWELL, B.Sc.
Certified Inspector of Meat and Other Foods

Deputy Chief Public Health Inspector:

RONALD FRANK HALL, C.S.I.B., M.R.S.H.
Certified Inspector of Meat and Other Foods

Additional Public Health Inspector:

DAVID CLIFFORD VANSON, D.P.H.I.E.B., A.R.S.H., M.A.P.H.I.
Certified Inspector of Meat and Other Foods

Engineer and Surveyor:

WILLIAM HENRY PRIOR, F.G. of S., L.M.R.S.H.

November, 1973.

To the Chairman and Councillors of the Rural District of Towcester.

Mr. Chairman, My Lady, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1972 incorporating that of the Chief Public Health Inspector.

The report is presented once again in seven sections, the first six dealing with an aspect of control of environmental health of the area and the seventh consisting of statistical tables.

The vital statistics for the year show that there was an increase in population of 880 according to the Registrar General's mid-year estimate of 22,260. There were 177 deaths, a decrease of 4 on last year's figure. This gives a standardised rate of 9.4 compared with the national figure of 12.1. The total number of live births was 469, a decrease of 19 on last year and giving a standardised rate of 17.5, compared with the national figure of 14.8. Illegitimate births were 19, 4 less than in 1971. There were 4 deaths under the age of one year, one occurring in the first week of life.

The first section (A) dealing with natural and social conditions indicates that the district is still predominantly rural with agriculture continuing as the main occupation, although housing development continued with 316 private properties being erected in 1972. In this section statistics of births and deaths are given, and consideration made of the causes of early and preventable morbidity and death. While the annual report relates to local environmental health it would be incomplete without some reference to the personal health of individuals living in the area. The section includes comments on cancer, arterial disease, a study on road accidents and details of a ROSPA report on home accidents.

The second section (B) outlines health and social services, both statutory and voluntary, which are provided in the district. Services given, particularly to the elderly, on a voluntary basis make a valuable contribution to the community life, and gratitude to those who give so unstintingly of this constant help is expressed.

The third section (C) deals with sanitary circumstances giving a description of water supplies, sewerage, refuse collection and disposal, rodent control, offices and shops and other health functions. The construction of a storm relief sewer at Cosgrove and the installation of temporary pumps at the Towcester pumping station have been completed. Work on the Blakesley and district sewerage and sewage disposal scheme progressed. A project was being prepared to extend the disposal works and replace and modernise some of the sewers at Towcester in order to accommodate the proposed new residential development in the town. Consideration was also being given to the proposed enlargement and modernisation of the disposal works at Silverstone to provide for further

residential development and to enable sewage flows to be accepted from the motor racing circuit. Future environmental health control, after reorganisation of services, is also considered.

The fourth section (D) is concerned with housing, giving an account of slum clearance (1,033 unfit houses have been cleared), improvement grants and other matters. In 1972 44 council houses were built.

The fifth section (E) deals with food hygiene, which continues to be a major concern of health departments. Changes due to technical advances in the food industry, while greatly improving variety and keeping quality, do not lessen, but rather increase the need for vigilance in food control. Innovations in manufacture, storage and cooking, together with increasing mobility of the population (including travel abroad and the importation of infections), demand constant control. The ultimate responsibility, however, always remains with the actual food handlers, and the rapid turnover of employment, together with these other factors require supervision from both employer and inspector. Finally consumers, themselves on the alert, should refuse to accept unsatisfactory practices.

The sixth section (F) deals with control of infectious and other diseases in the district. There were no cases of dysentery, four isolated cases of food poisoning and six of infective hepatitis. Seven people died from pneumonia and nine from bronchitis. There was only one case of measles compared with 53 in 1971. Measles vaccination increased considerably in the country. It is to be hoped that from henceforward, with the availability of vaccines and the use of the computer, that a higher percentage of children will be vaccinated. While at present the incidence of infectious illness remains satisfactorily low, should succeeding generations of parents fail to respond to the need for immunisation, recrudescence could occur. It remains vitally important therefore for children to be immunised for diphtheria, poliomyelitis, whooping cough, tetanus and now measles, tuberculosis vaccination following later in the early teens. Rubella (German) Measles vaccination is also available to all girls between the ages of eleven and fourteen.

The seventh section (G) contains a number of statistical tables.

The year was notable for the proposed legislation for the reorganisation of Local Government, the National Health Service, and the Water Authorities, which are timed to coincide in April 1974. The office of Medical Officer of Health will cease, and instead those at present practising in the public health field will join the National Health Service as part of the new discipline of community medicine. Local authorities will no longer employ doctors, but medical advice will be obtained from community physicians. As the envisaged changes are of historic importance I have attached to this report an appendix which outlines the future role of the community physician and gives some detail of the structure of the reorganised National Health Service, considering also some of the perspective of the changes in health legislation during the century of the practise of public health.

While this report will be my last to this council, and the penultimate one on the health of the district (which will be presented to the enlarged District Council in 1974) I considered it appropriate to present this detailed account of the changes, and at the same time to express the hope, that with adequate collaboration arrangements the future medical advice

which will be available to local authorities will be both sought and given as freely and with the same accessibility between doctor, officers and councils of local authorities as when the Medical Officer of Health held office as a statutory appointment.

On a personal note I had the honour to hold office as Chairman of the Northampton division of the British Medical Association; was appointed Chairman of the Oxford Region of Public Health Medical Officers for the fifth year, and represented that Region, again for the fifth year on the Public Health Committee of the British Medical Association. I was also again appointed to the Whitley Council Staff Side.

I would like to pay my tribute to the council who have always sought high standards in public health and shown interest in the preventive health field. I give thanks for the personal kindness and co-operation I have received from councillors and officers. To my colleagues the public health inspectors, I express the wish that the long, cordial and successful association already established will be maintained in the same happy vein under reorganisation.

Finally I express my appreciation to the County Medical Officer of Health for his ready co-operation at all times.

I have the honour to be your Obedient Servant,

JOAN M. ST. V. DAWKINS,
Medical Officer of Health.

SECTION A.

NATURAL AND SOCIAL CONDITIONS

Social Conditions—The Towcester Rural District is situated in the south east of Northamptonshire and is the approximate centre of an area bounded by the new city of Milton Keynes and the rapidly expanding towns of Northampton, Daventry and Banbury. Although 316 new private dwellings were built during 1972 the planning authority have restricted further development of any schemes in the area except for small areas in four key villages. There is some slight possibility that the controversial sub-regional study recently produced by the County Planning Officer might open the way to further housing development in the southern part of the district but there is no provision for the introduction of additional industries and there has been very little expansion in those already established.

The majority of the land in the area therefore remains in agricultural occupation and most of the working population commute for employment to neighbouring towns such as Northampton, Wolverton, Luton and even as far as London. The district is, in fact, a dormitory area but local employment is provided for some of the indigenous population at the Plessey Company's factories and the Groom & Tattersall foundry and general engineering works at Towcester ; at Buswell Foods abattoir and food processing factory at Blisworth ; and at the Deanshanger Oxide Works which produces pigments for commercial use.

Among the various recreational attractions which exist within the district are the internationally known motor racing track at Silverstone, Towcester racecourse and Cosgrove Lodge Park. A substantial length of the Grand Union Canal also crosses the district and is rapidly becoming of increasing importance for providing recreational facilities.

Area—The area of the district is 59,005 acres.

Population—The Registrar-General has estimated the resident mid-year population for 1972 to be 22,260 as compared with 21,380 for 1971. The natural increase in population, i.e., the excess of births over deaths, amounts to 292 as compared with 307 for the previous year.

Deaths—The total number of deaths assigned to the district by the Registrar-General after adjustment for outward and inward transferable deaths was 177 as compared with 181 for 1971. The crude death rate based on the mid-year population was 8.0 compared with 8.5 for 1971. The following table shows the death rates for the quinquennium, 1968-1972

together with the corresponding rates for England and Wales and the Administrative County.

Death Rates, 1968-1972

	1968	1969	1970	1971	1972
Towcester R.D. ...	9·8	10·8	9·8	8·5	8·0
Administrative County	10·9	10·9	10·70	10·09	10·15
England and Wales ...	11·9	11·9	11·7	11·6	12·1

A list of causes of death classified according to the Abridged List of Causes of Death as used in England and Wales is given in Table No. 1, whilst the history of the rate together with other vital statistics for 1919-1972 is shown in Table No. 2.

In order to make allowances for the age and sex distribution of populations in different areas, the Registrar-General has calculated the area comparability factor which, when multiplied by the local death rate, allows a truer local death rate of 9·4. The ratio of local adjusted death rate to national rate being 0·78.

Births—The number of live births assigned to the district was 469 (244 males, 225 females) as compared with 488 in 1971 thus giving a birth rate of 22·1 per thousand of population, as compared with 22·8 in 1971. The following table shows a birth rate for the quinquennium, 1968-1972 together with the other rates for comparison.

Birth Rates, 1968-1972

	1968	1969	1970	1971	1972
Towcester R.D. ...	22·2	21·9	25·3	22·8	21·1
Administrative County	18·80	18·10	17·20	18·48	16·95
England and Wales ...	16·9	16·3	16·0	16·0	14·8

The local birth rate, when modified by the application of the area comparability factor of 0·83, gives an adjusted rate of 17·5 as compared with 14·8 for England and Wales. The ratio of local adjusted birth rate to national rate being 1·18.

Stillbirths—The number of stillbirths registered was 5 as compared with 5 in 1971. This is equivalent to a rate of 11·0 per thousand total live and still births.

Illegitimate Birth Rate—19 illegitimate live births (10 males, 9 females) were registered as compared with 23 in 1971. This number gives a rate of 4·0 per cent live births as compared with 7·1 for the County.

Infant Mortality—The number of infants who died before attaining their first birthday was 4. The rate per thousand related live births was 9·0 which is lower than the national rate of 17·0.

Deaths under one year per thousand Live Births

	1968	1969	1970	1971	1972
Towcester R.D. ...	15·1	10·0	8·0	20·0	9·0
Administrative County	19·0	16·0	18·05	17·92	16·64
England and Wales ...	18·0	18·0	18·0	18·0	17·0

Legitimate infant deaths numbered 4 giving a rate of 9·0 per thousand legitimate live births.

Neo-Natal Mortality—Deaths of infants under 4 weeks amounted to 2, giving a rate per thousand total live births of 4·0 Deaths of infants under one week amounted to 1.

Stillbirths and deaths under one week combined total 6, giving a perinatal mortality rate of 13·0 per thousand total live and still births.

Maternal Mortality—No death was recorded.

Causes of Death

The great preponderance of deaths from diseases of the heart and circulation is once more evident, making a total of 92. 35 died from coronary disease alone, while 7 died from other heart diseases, a further 36 from vascular lesions of the nervous system and 10 from other circulatory diseases.

Diseases of the heart and circulation constitute therefore over one half of the total deaths. Cancer remains again the second cause of death, taking this year 41, an increase of 12 on last year. Five died (three males, two females) from cancer of the lung, a decrease of one in 1971.

However, out of a total of 177 deaths, 54 persons died before the age of 65. The causes of their deaths were predominantly due to cancer, arterial disease and accidents.

Early and Preventable Death and Morbidity

Deaths from Cancer

Lung Cancer and Cigarette Smoking

It is probable that cigarette smoking is the greatest contemporary health problem. 50,000 deaths a year can be attributed to the habit. It is responsible for 9 out of 10 deaths from lung cancer (of which there were in 1972, 31,649; 25,754 males, 5,895 females), 3 out of 4 deaths from chronic bronchitis and 1 out of 4 deaths from coronary artery disease. It is estimated that twenty times more work days are lost through sickness from smoking than on industrial disputes.

The adverse effects on health of smoking unfortunately only become manifest after many years, and are therefore not obviously connected with the habit. Also in many countries as the economic benefits from taxing tobacco products are large, governments have hesitated to change legislation, and it is not practicable to impose regulations on an unwilling population. However it is imperative to take action that will discourage young people from starting to smoke, and may promote reduction or abstinence in smokers. This includes keeping people constantly and fully informed about the health consequences of smoking and pressing for the curtailing of all forms of sales promotion that encourage the use of tobacco.

It has been suggested in a published paper* that the most important approaches to combat the health hazards of smoking are as follows:

1. The education of youth not to take up smoking.
   (In this respect all those adults who are associated with and have influence over young people should by the force of their own example discourage them from starting to smoke. These include parents, teachers, youth leaders, sportsmen, actors, pop stars and others whom young people admire and may emulate.)
2. The exerting of the influence of health workers.
   (The medical profession have recognised the hazard, and now only a quarter of British male doctors smoke. Their death rate from lung cancer is now only 2/5ths of the national figure.)
3. Group approaches to the control of cigarette smoking by adults.
4. Mass approaches to the control of cigarette smoking.
5. Reducing the effectiveness of the advertising and promotion of cigarettes.
6. Less hazardous smoking.

Other Cancers

The causes of cancer, apart from cancer of the lung, remain still to be ascertained. However, some progress is being made, and different methods of controlling the cancerous diseases have greatly increased in effectiveness in recent years. Research is providing information which will help in prevention, in early detection and treatment. New techniques for detection including mammography and xerography, cytology and immunodiagnosis are being used and further improved, while chemotherapy with carcinostatic drugs and hormones and perhaps immunotherapy in the future, may all prove to be new and effective chemo-therapeutic agents. At present early detection and new and more effective treatment have restored numerous patients to lives of good quality for many years.

Arterial Disease

The incidence of early degenerative arterial disease, particularly in men, has become the epidemic of civilisation, and presents with cancer, the major challenge to medicine today. The condition is manifest in either strokes or coronary thrmobosis, and strikes men in their prime and at the time of their greatest contribution to society. The causes are multiple, and, as stated, cigarette smoking is probably a factor. As well as being part of the process of ageing hereditary factors are involved in some. Women are less affected until after the menopause, indicating a hormonal protection. The only clear evidence is that the incidence is lower in those who take regular physical exercise and who are not obese. This salient feature needs emphasis, as it is easy in a modern industrialised society with the majority occupied in sedentary occupations, the widespread use of motor transport and television, for many to become physically inactive. It is wise to establish a way of life soon after leaving school in which there is regular participation in physical exercise which can be suitably modified to the passing years. This combined with some moderation in the consumption of food, may help to prevent the early onset of arterial disease.

* *Smoking and Health* by Professor C. M. Fletcher and Dr. D. Horn. W.H.O. Publication.

Accidents

Road Accidents

Definitions

A road *accident* is one involving personal injury, occurring on the public highway (including footpaths) in which a vehicle is concerned.

Killed means the person died at the time of injury or within 30 days of the accident and because of it.

The various degrees of injury to a person depend upon the extent of the injury requiring hospital in-patient treatment and may be:

(i) *Serious*—such as fractures, internal injuries, severe shock, etc.

(ii) *Slight*—sprains, cuts and bruises.

Vehicles involved in accidents are those whose drivers or passengers are injured and vehicles which contribute to the accident, including horses being ridden at the time of the accident. Vehicles which collide after the initial impact are not included unless they aggravate the degree or amount of injury. Vehicles are classified according to their structural type:

(i) *Pedal cycles*—include children riding toy cycles and first riders of tandems (they make the decisions).

(ii) *Mopeds*—two-wheeled motor vehicles of not more than 50 c.c. and equipped with pedals.

(iii) *Motor Scooters*—two wheels with a platform for feet, open frame and wheels smaller than the conventional motor cycle.

(iv) *Motor cycles*—again with two wheels and includes side-car/combinations attached.

(v) Cars, taxis (including minibus), goods vehicles, public service vehicles and electric milk floats.

Incidence

In 1972 359,792 were killed or injured on Britain's roads, an increase of 2% on 1971. Broken down this shows:

7,779 killed—1% more than in 1971

91,342 seriously injured—no significant change

260,671 slightly injured—3% more than in 1971

Motor traffic was estimated as 5% higher than in 1971 (measured in terms of vehicle mileage).

The number of accidents is related to the amount of traffic. The doubling of road casualties over the past 20 years is related to the fact that during this time road traffic has TREBLED. When considered in respect of population the trend has been far less happy as road deaths have increased by 57% while population increase was 10%. The individual risk has now increased from 150-1 to 100-1. Recent years have shown a growing proportion of casualties in the younger age groups:

1 : 190 of 15-19 years killed each year

1 : 790 of 40-49 years killed each year

1 : 725 of 60-69 years killed each year

The incidence in the younger age groups therefore constitutes 33⅓% of car driver casualties and 45% were riders or passengers of motor vehicles. The 40-49 age group were occupants, drivers and passengers, in cars (⅔ of total), and 60-69 were (four-wheel occupants) mostly as passengers in cars/buses.

Road Accidents involving Pedestrians

Pedestrians—including children (under 15 years) and adults—are children riding small cycles, people pushing bicycles or prams or other vehicles such as road sweepers, those leading or herding animals, occupants of invalid chairs or prams, and those who alight from vehicles and are subsequently injured or killed. The figures of accidents to children cause particular concern. One pedestrian in ten killed or seriously injured is aged four or less (for the first eighteen months of life they do not form part of the pedestrian population) indicating that nearly half the casualties are children.

The 60-69 group (elderly) suffer more than double the 40-49 years group. Compared with Western Europe, Britain has the highest pedestrian casualty rate, but for fatalities the figure is nearer the average. This factor is due to a great extent to the large number of pedestrians and the heavy traffic of built-up areas.

Causes of Accidents

1. Drinking alcohol to the extent of blurring judgement.
2. Not fastening seat belts when available.
3. Delaying repairs to vehicles and not performing routine checks on tyres, lights and brakes.
4. Driving too fast for road conditions—surface, lighting, type of area (30 m.p.h.), ice on roads, flooding, and in the summer, polished road surfaces and skidding.
5. Leaving off lights well into the lighting-up time (half-an-hour after sunset and half-an-hour before sunrise). The accident rate is higher during the hours of darkness.
6. Getting impatient or starting a journey in a " bad temper ".
7. Certain manoeuvres cause or contribute to accidents—e.g. turning right (particularly pedal cyclists—cause of 17% of these accidents). Indicating the opposite direction to that intended to take; brake or acceleration failure; badly parked and unlit vehicles; dog or other animal in the path of the vehicle; automatic level crossings; a disobeyed junction control—a junction being any place at which two or more highways meet at whatever angle, including a roundabout and parts of such highways within 20 yards of the junction.

Action taken to improve Accident Rate

1934—Road Traffic Act, introduced driving tests, 30 m.p.h. speed limit and pedestrian crossings.

1952—There was a further reduction in accidents following the introduction of zebra stripes on crossings.

1964—Seat belts for the front seats of motor cars were introduced and to encourage greater use all new cars registered after 1st April 1973 are required to have the latest design of seat belts available which can be fitted and fastened single handed.

1967—Road Safety Acts, drinking and driving clauses stated for the first time that a person driving a motor vehicle would be guilty of an offence if he was shown to have a blood alcohol content above a prescribed level, that chosen being 80 mgm. alcohol per 100 ml. blood. There was an immediate and remarkable drop in the accident rate following this legislation and the Act was continuing to have a marked effect at the end of 1972.

1971—The Department put forward proposals to make the wearing of safety helmets for motor cyclists compulsory (this is now law) and has been shown to represent the biggest life saver.

The roads are constantly under surveillance and better road surfaces are being investigated. A 70 m.p.h. speed limit is in operation on motorways and, depending on the road and the area through which it runs, there are speed limits of 30, 40 and 50 m.p.h. in operation. In cases of accidents, fog or other hazardous conditions provision has been made for alterations in the speed limit.

Pedestrian bridges across very busy roads are being built. The radio and television are now used to give relevant information regarding roads and road users.

The police in conjunction with parents, education departments and organisations such as the boy scout movement, are teaching road safety. Child cyclists are encouraged to take proficiency tests.

Motor vehicle standards are improving and research is continuous. Recently, because of the number of bad tyres on vehicles, the police have been carrying out spot checks and individuals can be fined if the tread of a tyre is below the stated requirement. Every vehicle of three years and over must have an annual test by a Certified garage and a statement issued indicating the vehicle is road-worthy.

The Cost of Accidents

These are immeasurable in terms of pain, grief and suffering. Apart from this they represent a quantifiable loss to the community in economic terms which includes loss of output, cost of medical treatment, the time taken by police and courts, and the damage to property—this was estimated for a fatal accident at £13,000.

TOTAL COST

Medical treatment, ambulance and funeral ...	£17 million
Police and administration	£28 million
Damage to vehicles and other property ...	£198 million
Lost output	£103 million
	£346 million

On average road accidents result in an economic loss of approaching £1 million per day, plus the human suffering involved which in money terms is unquantifiable.

Home Accidents

During 1971 there were 6,245 accidental deaths in and around the home, 237 (or 3.7 per cent) fewer than in the previous year. Further analysis shows that the number of people who died in private homes fell by 117, and the number in residential institutions by 120.

Summary

Cause of Death	*Private Homes*	*Residential Institutions*	*Total Deaths*
Poisoning	760	11	771
Falls	2824	1034	3858
Burns and scalds	656	33	689
Suffocation and choking ...	483	78	561
Others	334	32	366
TOTAL	5057	1188	6245

Every year more people die from falls than from all other accidents in the home, and as many as 62 per cent of the 6,245 fatalities in 1971 resulted from falls. Poisoning accounted for a further 12 per cent of the deaths; burns and scalds for 11 per cent, and suffocation and choking for 9 per cent. The remaining deaths were due to miscellaneous causes.

Cause, Age-group and Sex

Cause of Death	*Age-group*					*Sex*		*Total Deaths*
	0-4	5-14	15-44	45-64	65&+	*Male*	*Female*	
Poisoning	24	15	205	262	265	339	432	771
Falls	55	16	94	262	3431	1061	2797	3858
Burns and scalds ...	103	38	49	109	390	285	404	689
Suffocation and choking	301	18	77	82	83	333	228	561
Others	74	16	65	67	144	185	181	366
TOTAL ...	557	103	490	782	4313	2203	4042	6245
Death Rate* ...	14.2	1.3	2.6	6.6	67.4	9.3	16.1	12.8

* Deaths per 100,000 population

Elderly people are especially prone to domestic accidents and this is reflected in the statistics—over two thirds of the victims were aged 65 and over. Children under five years old accounted for a further 9 per cent of the total.

An alternative analysis of the data indicates that 65 per cent of the victims in 1971 were female.

Falls

Cause of Death	*Age-group*					*Sex*		*Total Deaths*
	0-4	5-14	15-44	45-64	65&+	*Male*	*Female*	
Falls on stairs ...	10	5	45	118	497	276	399	675
Falls from ladders ...	—	—	4	18	22	37	7	44
Falls from buildings	12	4	22	14	46	55	43	98
Other falls from one level to another ...	23	5	8	17	274	95	232	327
Falls on same level	—	—	4	12	352	72	296	368
Other and unspecified falls	10	2	11	83	2240	526	1820	2346
TOTAL ...	55	16	94	262	3431	1061	2797	3858

Accidental falls caused 3,858 deaths in the home during 1971. This is three more than in the previous year, but 34 fewer than in 1969 and 87 fewer than in 1968.

Women accounted for 76 per cent of the deaths among the over 65's, but less than half the deaths in the remaining age-groups.

Poisoning

Cause of Death	*Age-group*					*Sex*		*Total Deaths*
	0-4	5-14	15-44	45-64	65&+	*Male*	*Female*	
Barbiturates ...	—	—	78	148	104	123	207	330
Analgesics and antipyretics ...	4	1	16	8	2	14	17	31
Other sedatives ...	—	—	15	12	8	11	24	35
Nervous system and psychotherapeutic drugs	5	2	20	9	3	19	20	39
Other and unspecified drugs	4	2	12	13	6	18	19	37
Alcohol	—	—	9	15	5	16	13	29
Other solids and liquids	5	—	4	3	3	10	5	15
Total solids and liquids	18	5	154	208	131	211	305	516
Piped gas	1	6	30	34	98	79	90	169
Motor vehicle exhaust gas	—	—	9	7	1	17	—	17
Other carbon monoxide gases	4	3	12	10	32	29	32	61
Other gases and vapours	1	1	—	3	3	3	5	8
TOTAL, gases and vapours	6	10	51	54	134	128	127	255
TOTAL ...	24	15	205	262	265	339	432	771

A total of 771 people died from accidental poisoning during 1971. This is 48 fewer than in 1970, 55 fewer than in 1969 and 107 fewer than in 1968.

A total of 169 people were accidentally poisoned by ordinary domestic gas in 1971, compared with 407 in 1968. The main reason for this improvement is the gradual introduction of natural gas which is non-toxic.

Burns and Scalds

Cause of Death	*Age-group*					*Sex*		*Total*
	0-4	5-14	15-44	45-64	65&+	*Male*	*Female*	*Deaths*
Ignition of clothing ...	4	7	5	18	108	38	104	142
Burns from controlled fire	3	1	1	9	65	31	48	79
Conflagration ...	79	28	30	49	111	144	153	297
Other and unspecified burns	7	—	11	28	73	55	64	119
TOTAL, fire and flames	93	36	47	104	357	268	369	637
Hot substance, corrosive liquid and steam	10	2	2	5	33	17	35	52
TOTAL ...	103	38	49	109	390	285	404	689

There were 689 deaths from accidental burns and scalds during 1971. 111 fewer than in 1970, 76 fewer than in 1969 and 92 fewer than in 1968.

At least 77 of the 637 deaths from fire and flames were caused by matches and cigarettes, etc.

Suffocation and Choking

Cause of Death	*Age-group*					*Sex*		*Total*
	0-4	5-14	15-44	45-64	65&+	*Male*	*Female*	*Deaths*
Inhalation and ingestion of food	170	4	43	58	71	193	153	346
Inhalation and ingestion of other objects ...	12	1	2	6	7	15	13	28
Suffocation in bed or cradle	92	—	3	3	1	57	42	99
Other and unspecified suffocation ...	27	13	29	15	4	68	20	88
TOTAL ...	301	18	77	82	83	333	228	561

A total of 561 people died from accidental suffocation and choking in 1971. This compares with 635 deaths in 1970, 651 deaths in 1969 and 649 deaths in 1968.

Nearly a third of the 561 deaths were caused by young children under five years of age choking over their food.

Other Causes

Cause of Death	*Age-group*					*Sex*		*Total Deaths*
	0-4	5-14	15-44	45-64	65&+	*Male*	*Female*	
Drowning and submersion* ...	33	2	14	12	24	46	39	85
Electric current† ...	7	5	31	15	12	47	23	70
Excessive cold ...	—	—	1	4	33	13	25	38
Hunger, thirst, exposure and neglect ...	13	—	1	9	23	16	30	46
Struck by falling object	5	2	4	3	5	12	7	19
Striking against or struck by object ...	4	2	3	3	7	10	9	19
Cutting or piercing instruments ...	2	1	—	8	4	10	5	15
Other and unspecified	10	4	11	13	36	31	43	74
TOTAL ...	74	16	65	67	144	185	181	366

* A total of 529 people were accidentally drowned in England and Wales during 1971 Although only 85 of these accidents occurred at home, the majority of the remaining deaths were associated with everyday leisure activities.

† Excludes burns by heat from electrical appliances.

The remaining 366 accidental deaths which occurred in and around the home during 1971 were attributed to other miscellaneous causes.

"Open Verdict" Deaths

In addition to the 6,245 fatal accidents, 475 people died in or around the home, but it was impossible to determine whether death was accidental or purposely inflicted. Such cases are classified as "open verdict" deaths.

As many as 358 of the 475 deaths were attributed to poisoning by various solids and liquids, and a further 28 deaths to gas poisoning. 25 people died by drowning, and 21 people by hanging, strangulation or suffocation.

SECTION B.

GENERAL PROVISIONS OF SERVICES

Laboratory Facilities—The bacteriological work associated with the control of infectious diseases is carried out by the Public Health Laboratory Service, whose laboratory is at Northampton General Hospital. The bacteriological examination of water, milk, food and ice-cream is also carried out by staff at this laboratory whose services are invaluable to the district particularly since the establishment of the new abattoir has greatly increased the number of specimens of diseased meat which need to be examined as soon as possible.

Ambulance Facilities—This work is undertaken by the County Council. The ambulance vehicles are housed at the new Health Centre in Towcester which is now completed. The Centre also provides rest rooms, etc., for the personnel as well as suites of consulting rooms for the local general practitioners.

Hospitals—There are no hospitals in the district. Infectious disease cases which require hospital treatment are accommodated by the Oxford Regional Hospital Board at their Harborough Road Hospital, Northampton, which is under the management of the Northampton Hospital Management Committee. There is one small private nursing home in the district catering specially for the aged and chronic sick.

Child Welfare Centres and Clinics—Infant welfare centres are held at Blisworth, Deanshanger, Old Stratford, Potterspury, Silverstone, Towcester and Yardley Gobion and the mobile clinic attends at Blakesley, Blisworth, Greens Norton, Pattishall and Tiffield. Transport facilities are provided by the County Council in various parts of the districts for mothers and children to attend clinics at a nearby centre.

Nursing in the Home, Midwives and Health Visitors Services—The whole of the district is covered by these services either by the district nurses or the health visitors, who are now based at the Health Centre in Towcester.

The Home Help Service—Since April, 1971, this service is the responsibility of the Social Services Department of the County Council. It is a very necessary service, and affords considerable benefit to the community, both to domiciliary maternity cases, and in the case of old people who can remain comfortably at home, and who, without this help, would be in institutions.

Care and After-Care Service—The County Council provide a number of facilities in respect of the crippled, aged persons, diabetics and the mentally ill. They are also responsible for the preventive services against tuberculosis.

National Assistance Acts—The removal to suitable premises of persons in need of care and attention is the responsibility of the Council. Instant removal of urgent cases can now be obtained on the joint certificate of the Medical Officer of Health and a general practitioner. This procedure makes it unnecessary for an application to be made to a court of summary jurisdiction until three weeks after the removal. No action under this Act was found necessary during the year.

The Council are also responsible in certain circumstances for the burial or cremation of the body of any person who has died or has been found dead in the district. One such burial was dealt with during the year.

Welfare of the Aged—

Services for Old People

The following provide services for old people:

1. The National Health Service
   - (a) General Practitioner Service
   - (b) Hospital and Specialist Services

2. The County Council
   - (a) *The Health Department*
     - (i) District Nurses
     - (ii) Health Visitors
     - (iii) Chiropody Services
     - (iv) Certain home equipment
   - (b) *The Social Services Department*

     From the 1st April 1971 the Social Services Department was established in accordance with the requirements of the Local Authority Social Services Act, 1970. In Northamptonshire the department was formed by the amalgamation of the former Children's and Welfare Departments, together with several functions which were previously the responsibility of the Health Department, including certain child health functions, care of the handicapped, and Mental Health and Home Help sections.

     The following services are now provided for the elderly by this Department:

     (i) Home Help Service. This is of inestimable value in the prevention of breakdown in the aged, and many are able to remain in their own homes who would otherwise have to be removed to institutions
     (ii) Residential Accommodation
     (iii) Holidays for the elderly
     (iv) Special services for the blind and deaf, and home fittings where necessary.

3. Department of Health and Social Security

   Financial help where necessary.

4. The District Council

   Homes for the aged, flats, and in some cases flatlets with Warden supervision.

There are 301 bungalows which can be used for the elderly, but are allocated as required. There are also 24 maisonettes; at Blisworth (4) and Towcester (20). 16 units, which are warden supervised, are provided at Meadow Court in Towcester.

5. Voluntary Organisations

These are many and services vary in different areas. They include holiday schemes in which old people are taken on seaside holidays in off-season times; the Darby and Joan Clubs; " Meals on Wheels " Service; the Home Visiting. The Women's Royal Voluntary Service very often undertakes many of the above duties, while in other areas local voluntary committees run the various organisations. The Rural Communities' Council together with the Old People's Welfare Committee, provide co-operation between the various services.

The following villages have old people's clubs:

Blakesley and Woodend; Blisworth; Cosgrove; Deanshanger; Greens Norton and Bradden; Old Stratford; Pattishall; Paulerspury; Potterspury; Towcester; Wappenham, Slapton and Abthorpe; Whittlebury; Wicken and Yardley Gobion.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply—There are public mains within easy reach of all but the remotest part of the area and an ample supply of water of good chemical and bacteriological quality was maintained throughout the year and fewer complaints than last year were received concerning discolouration. The Bucks Water Board, the statutory undertakers responsible for the public water supply, have recently expressed their concern over the quantity of water likely to be available in 1973/74. Lack of rainfall during the winter months of 1972 has left the natural resources very depleted and restrictions are likely to be introduced. The original source, namely, the Ouse river gravels near Buckingham had to be augmented over the years because of the increasing rate of consumption. Other sources used to help meet the demand include wells in the southern part of the Board's extraction area and also from the works of the Great Ouse Water Authority at Grafham Water. Further supplies from the Mid-Northamptonshire Water Board's Empingham reservoir, now under construction in Rutland, will ease the situation for a period but it is anticipated that a new regional scheme will be essential in the mid 1980's. However, it is thought that the Board's supplies are likely to be in a precarious situation unless rainfall in excess of the average occurs in the winter months of 1973/74.

In addition to the storage and balancing reservoirs in the district at Maidford, Field Burcote, Tiffield and Paulerspury, new covered storage reservoirs are nearing completion at Deanshanger and Tiffield. The former, having a capacity of two million gallons will be one of the principal storage points for the city of Milton Keynes and in conjunction with it a new booster is to be installed at the Board's depot at Old Stratford.

Local springs and wells are the source of private supplies in the case of a few properties—mostly isolated agricultural holdings outside the effective area of the mains but two private estates, although within easy reach of the public mains, continue to use water from wells and springs on the estates rather than from the mains. Samples of water from one of these sources gave good results of bacteriological and chemical analysis except for the presence of an appreciable amount of iron which did not however affect the wholesomeness. The second source was also tested bacteriologically and proved to be very satisfactory thus indicating the efficiency of the sterilising equipment which had been installed following unsatisfactory samples in previous years.

Ten samples from private supplies serving single properties were submitted for bacteriological analysis, six of which proved satisfactory and four unsatisfactory with evidence of faecal pollution. The two sources which produced the latter were abandoned and mains water laid on to the properties concerned. In addition to the samples of water taken by the public health inspectors from the public mains, which were examined and found to be satisfactory, the Bucks Water Board themselves

tested during the year 160 samples from consumers' taps of which 159 were free from E. Coli. and 157 were free from coliform organisms of all types.

Whether the actual source of supply is the public mains or a private well or spring, every house in the district now has the water laid on. A few cases remain, however, particularly where the properties are otherwise sub-standard, where the supply terminates at a tap in the yard outside. The latter are being dealt with as opportunity arises and now represent only a fraction of those dwellings possessing a supply piped into the houses themselves.

As stated in last year's report, the complexity of the Board's distribution system makes it difficult to state precisely the consumption of water from the public mains in the Towcester rural district. It is estimated however that 489,000,000 gallons of water have been supplied through the public mains during the year. On the mid-year estimate of population this represents approximately 60 gallons per head for all purposes.

The natural fluoride content of the water in use in the district is approaching 0.2 milligrammes per litre and because of lack of agreement between consuming authorities no additional fluoride is added before distribution. The total hardness is approximately 360 milligrammes per litre of which one third is permanent. Private supplies recently tested appear to be less hard with a smaller proportion of permanent hardness. None of the water used in the district, whether from public or private source, exhibits plumbo-solvent properties.

Swimming Baths—The open-air pool at Cosgrove Lodge Park, although privately owned, is open to the public from April to October and during the season is regularly inspected by the public health inspectors. Samples of the water submitted to tests confirmed that the cleansing and sterilisation plant continued to work efficiently. There were no complaints to the department during the year with regard to the management of this pool.

The Council continue to hire the covered swimming bath at Sponne School, Towcester for public use. This pool is in constant use by pupils during the school hours and its use by clubs and the general public is permitted outside these hours. The Northamptonshire Education Committee are responsible for the structure and maintenance of the building and also of the running of the filtration, chlorination and heating plant. The pool is inspected by the public health inspectors and the efficiency of sterilisation confirmed by testing samples of the water.

A number of private pools exist in schools in the district—most are prefabricated learner pools but are only visited on request for the taking of samples for analysis. If staff was available a more comprehensive scheme could be instituted ensuring stricter control of this type of pool.

Sewage Disposal, Drainage and Sewerage—At the time of writing substantial progress had been made with the Blakesley and district sewerage and sewage disposal scheme—all the main sewers having been installed and the disposal works well advanced. The only main centres of population now left unsewered are Grafton Regis and Alderton. The

recent decision taken by the Council with regard to the latter make it possible for all villages in the Towcester rural district to be sewered before the Council loses its identity and becomes, on the 1st April, 1974, part of the South Northamptonshire District Council. This will be a considerable achievement particularly when one recalls that out of a total of 30 parishes, villages in only three of these parishes possessed sewers and some kind of disposal works at the end of the war. Even in the case of the latter, all three disposal works have been replaced or modernised and in one instance the existing sewerage replaced by a new system of mains. However, concern still remains over the lack of sewage facilities in the hamlets of Duncote, Caldecote and Blisworth Arm. The decision not to proceed with that part of the northern sewerage scheme for Towcester, which would include Caldecote, is disappointing and the problem of the primitive drainage and polluted outfall sewer ditches is likely to become worse as the modernisation of properties in the hamlet continue to be carried out. Similarly, in the case of Blisworth Arm pollution of outfall ditches is undoubtedly partly responsible for the difficulties of riparian owners downstream.

Reference must also be made to those isolated properties, either in very small groups or singles, which are so far away from the effective area of a public sewer that they will have to continue to be served by septic tanks and sub-soil irrigation systems or small individual disposal plants. The efficiency of these vary considerably and while some of the more sophisticated systems can be satisfactory when properly maintained, it is difficult, in other instances, to avoid causing a nuisance. The Council have hitherto undertaken the servicing of the tanks belonging to these isolated properties once a year free of charge. In view of the disadvantage which occupiers of such properties suffer, in any event, by not being able to connect to a public sewer, it would seem only equitable that the Council should maintain this free emptying service after all other parts of the district have been sewered. It is also in the interest of general public health that these low-efficiency disposal systems are regularly serviced to avoid nuisance from overflowing tanks and choked sub-soil irrigation channels.

Other projects associated with public sewerage in the district, to which reference has been made in previous reports and which have now been completed, are the storm relief sewer at Cosgrove and the installation of temporary pumps at the Towcester pumping station. Both have been subject to heavy storm conditions since installation and have fulfilled the task for which they were designed, namely, preventing surcharge of existing sewers. At Cosgrove, however, the new installation has accentuated the need for the replacement of the pumping main from Old Stratford. The latter has failed on a number of occasions and the new storm overflow has been activated at times when storm conditions are not present. This has meant lack of dilution of the sewage overflow which causes sewage to flow into water used for recreational purposes by Cosgrove Lodge Park. It is appreciated that this problem partly arises from the need for a general improvement of the Deanshanger and district scheme which has been delayed because of lack of co-operation from the Wolverton U.D.C.

To ensure that this report is comprehensive, reference must also be made to other projects in the course of preparation such as the extension to the disposal works and the replacement and modernisation of some of

the sewers in Towcester for the purpose of accommodating the proposed new residential development in the town. A great deal of consideration has also been given to the proposed enlargement and modernisation of the disposal works at Silverstone to accommodate further residential development and to enable sewage flows to be accepted from the motor racing circuit. Final decisions have now been taken on the Towcester flood prevention scheme and economic considerations have dictated that its effectiveness be limited to deal with a five-year storm intensity. However, coupled with the measures to be taken to eliminate surcharging from the foul sewers, the flood prevention scheme should go a long way to alleviate the distress which has been suffered at intervals over the years following the flooding of dwelling houses in the vicinity of the Silverstone brook. But the fact that the permanent residential caravan site will remain within the flood plain means that this is undoubtedly going to continue to be a problem in the future.

The conversion of pail to water closets has naturally followed the completion of the Wappenham scheme and is also taking place in the Blakesley area where house connections are, at the time of writing, being rapidly installed. The consequence has been to reduce the number of pail closets, which are still being serviced by a night soil collection, to 60. In the near future, on completion of the scheme for Blakesley and the provision of sewerage in the parish of Grafton Regis, it is anticipated that only about ten or so properties—mostly outside the effective area of public sewers—will still have pail closets. It will obviously be uneconomic to continue to maintain a vehicle and provide labour to service these with a night soil collection so that the time is fast approaching when future arrangements for dealing with the drainage of these properties by some alternative means will need to be considered.

All toilet blocks on that part of the Silverstone racing circuit which lies within the Towcester rural district have now been converted to water closets but these are all served by cesspools. Problems have arisen from the servicing of the latter, particularly in wet weather, and a few complaints were received by the health department from persons who had attended race meetings. The importance for the early introduction of some more suitable and permanent means of sewerage and sewage disposal from this large area cannot be over-emphasised.

Public Cleansing—The weekly collection of all the house refuse produced in the district is carried out in accordance with the following rota:

Monday	Deanshanger, Passenham, Puxley, Old Stratford, Yardley Gobion.
Tuesday	Potterspury, Cosgrove, Grafton Regis, Alderton, Wicken, Wicken School, Paulerspury, Pury End, Wakefield Estate, Potterspury Lodge, Whittlebury, Wood Burcote.
Wednesday	Pattishall, Cornhill, Fosters Booth, Eastcote, Astcote, Dalscote, Gayton, Cold Higham, Grimscote, Litchborough, Caswell factory, Caldecote, Weston-by-Weedon, Middlethorpe, Wappenham, Abthorpe, Southfields Place, Silverstone, Slapton, Bradden.
Thursday	Towcester, Heathencote, Shutlanger, Stoke Bruerne, Towcester caravan sites.
Friday	Blisworth, Tiffield, Blisworth caravan site, Blisworth Arm, Blisworth bacon factory, Hulcote, Duncote, Greens Norton, Blakesley, Woodend, Maidford, Adstone, Foxley, Seawell Grounds, Plumpton.

As has already been mentioned, the Council's other obligations under the Public Health Act, 1936 are met by the weekly collection of night soil in parishes not having the benefit of public sewers and also by the emptying of domestic septic tanks as a rate-borne service once a year to dwelling-houses outside the effective area of public sewers. Scavenging of streets is limited to the Watling Street at Towcester at weekends.

The house refuse collection is operated with the aid of modern rear-loading vehicles fitted with high compression devices so as to increase the holding capacity and reduce the number of journeys to the disposal point. The Council do not issue dustbins as a rate-borne service and there are no bye-laws in force in the district dealing with refuse collection. Householders are responsible for carrying their dustbins to the kerbside but arrangements can be made in the case of illness or infirmity for the bins to be collected from the premises.

Special monthly collections of bulky domestic refuse have been made possible by the special crushing equipment with which one of the collecting vehicles is fitted but it is likely that the shortage of heavy goods vehicle drivers will necessitate reversion to the previous arrangement, namely, an annual collection the date of which is fixed in conjunction with the wishes of each Parish Council.

The Council do not undertake the removal of trade waste but such refuse is collected on request from some commercial premises and all business undertakings in the district are allowed to use the Council tip under supervision and subject to appropriate charges.

Refuse collected in the district is disposed of by controlled tipping in a disused gravel pit at Wood Burcote. Mechanical equipment is available for spreading, carting and excavating covering material but the amount naturally available on the site is diminishing and there are periods in the year when supplies have to be augmented from elsewhere and private contractors hired to carry out the carting and spreading. Provision has also been made at the tip as a requirement of the Civic Amenities Act for ratepayers to deposit, outside normal working hours, refuse and other solid waste which might otherwise be left in wayside verges and ditches.

Rodent Control—The Council fulfil the obligation imposed upon them by the Prevention of Damage by Pests Act, 1949 by employing a full-time operator for carrying out treatments and for regular surveying of land and buildings in the district. Domestic premises are dealt with free of charge against rats and mice and single treatments of commercial undertakings for the same purpose are carried out on a time cost basis plus 10% to cover establishment charges. As an alternative, occupiers of trade premises can avail themselves of an annual contract service at a price fixed each year in respect of a particular business. Seventeen contracts were in force during 1972 covering a number of farms, the private abattoir, a pleasure park, two industrial premises and a private school. The operator follows a rota which has been arranged so that the whole district is surveyed and test baited an adequate number of times during the year and, in addition to dealing with surface infestations, the various sewerage systems are examined and test baited within an eighteen month cycle.

The Council's own land and installations, such as sewage disposal works and the refuse tip, receive particular attention and it can be truly

stated that rat infestation on the refuse tip has seldom occurred in recent years and on such few occasions as it has happened has never been allowed to develop beyond a minor infestation.

Disinfection—Terminal disinfection is no longer practised as a matter of course because it is considered unnecessary in the case of the common infectious diseases. It is, however, carried out on request or where special considerations make it necessary and in such an event clothing and bedding would be treated by the use of gaseous or liquid disinfectants.

Disinfestation: **Insects**—During the fly breeding season considerable attention was given by the health department to the refuse tip not only during normal working hours but also each evening and weekend. Despite this considerable effort in spraying and dusting the refuse with insecticide, complaints were received in the summer of 1972 alleging the refuse tip to be the cause of fly infestation on nearby premises. The situation improved considerably following extra measures taken to reorganise the tipping and immediate covering of the freshly tipped refuse. It was also found necessary on occasions during the year for the Chief Public Health Inspector to make representations to a neighbouring local authority over fly infestation arising from the refuse tip operated by them but unfortunately situated in the Towcester rural district.

Several cases of woodworm and ant infestation on Council owned property were dealt with but no case of bed bug infestation was reported during the year. A number of infestations including those involving fleas, wasps and lesser known insects were investigated and in appropriate instances successfully dealt with. The advice of an entomologist was sought in a number of instances both for the identification of insects and for methods of control.

Factories Act, 1961—The total number of factories in the register in 1972 including power and non-power factories together with works of building construction was 94. Two outworkers notified as operating in the district during the year were carrying out the assembly of electrical units for which domestic premises are quite suitable. Details of inspections etc. will be found in a subsequent table.

Offices, Shops and Railway Premises Act, 1963—Registrations under the above Act at the end of the year totalled 94. During the year five premises were newly registered, and registration in respect of two premises was cancelled, which represents a net increase of three premises.

From the information tabulated in section G of this report it will be noted that all registered premises received at least one visit during the year. Minor infringements noted during inspection were dealt with by informal notices, and in all cases these were complied with before a subsequent inspection was made. No cases of overcrowding were noted and no accidents were reported. It was also not found necessary to invoke the provision of Section 22.

Employers have, over the years, become increasingly aware of their responsibilities under the Act, due in no small measure to the efforts of the local authority inspectorate. In this district, it was generally found

that employers observe their responsibilities and ensure satisfactory standards are maintained.

The practice of scrutinising all plans deposited for Building Regulation approval has continued and this arrangement has proved very effective in enabling developers to be made aware of the requirements of the Act. Instances have been recorded where on a number of occasions developers were required to extensively amend their original proposals in order to ensure that the premises, on completion, would comply with the Act's requirements.

Moveable Dwellings—Six sites in the district have been licensed under the Caravan Sites and Control of Development Act, 1960; two for single caravans and four in multiple occupation. All caravan sites in the district are in private ownership and the validity of each licence pertains as long as the planning permission for that particular site remains in force. Planning consent is a pre-requisite to the issue of the site licence by the local authority. The former, enforced by the County Planning Authority, is intended to take into account the suitability of a site having regard to its environment, situation and possible effect on the neighbourhood while the purpose of the site licence is to lay down conditions under which the site is permitted to be operated. Until 1972 the Towcester R.D.C. based the latter on a model code issued in 1960 by the Ministry of Housing and Local Government but experience has made it abundantly clear that this model—although still the official standard—is totally inadequate particularly when the present greatly improved standard in housing accommodation generally is taken into consideration. During 1972, therefore, a new and more stringent set of site licence conditions for permanent residential sites was approved by the Council and made obligatory on all such sites in the district.

In last year's report reference was made to the omission in the Housing Finance Act, 1972 to any mention of rent allowance in respect of permanent residential caravans. It has now been made clear however, that these are considered to be furnished lettings within the meaning of the Rent Act, 1968 and as such are subject to the appropriate Regulations. The Rent Tribunal (not the Rent Officer) is therefore empowered to fix fair rents thus enabling permanent residential caravan occupiers to claim rent allowance from the local authority. The need to achieve a good standard of amenity and accommodation on residential caravan sites therefore assumes an even greater importance than hitherto.

The permanent residential site situated at Blisworth is eminently situated for the purpose being within easy reach of public services, such as water and sewerage, but at the same time not too near as to intrude upon the village. The site has a licence capacity of 96 caravans most of which are owned by the site operator and let to various tenants. The impossibility of draining most of the site to the public sewer by gravity has been overcome by the provision of automatically controlled duplicate pumps. Each caravan is now connected to a comprehensive drainage system and has a supply of water from the public mains. This site in fact, conforms, except in a few minor respects, with the newly imposed site licence conditions. The site is well supervised and no complaint was received by the department during the year with regard to its running.

All the communal ablution blocks are being removed because the provision of new facilities for each caravan now renders them unnecessary. As far as the duration is concerned, the planning consent for this site is unconditional.

One of the Towcester sites has a licence capacity for 40 permanent residential caravans in respect of which the owner holds planning permission in perpetuity. Progress towards complying with the new licence conditions on this site has not been as rapid as on the Blisworth site. Nevertheless, it has now been provided with a complete system of foul drainage connected to the public sewer; all caravans have sinks and the public water supply laid on, and a number have internal amenities. The caravans are gradually being replaced so as to comply with the B.S.S. for permanent residential caravans which has been written into the new conditions. It should soon be possible to do away with at least one of the communal ablution and toilet blocks. Several complaints were received from occupiers of caravans on this site during the year most of which were occasioned by the basic unsuitability of some of the caravans being used as permanent homes—a purpose for which they were not originally designed. Objections arising from the unsuitability of caravans or the lack of proper amenities are, however, in the process of being resolved as the site operator continues to take the necessary steps to comply with the new licence conditions. The most serious problem connected with this particular site is that which arises as a consequence of the severe flooding which occurs from time to time. Mention has already been made of the fact that even after the completion of the flood prevention scheme the site, in certain storm conditions, will still be liable to be seriously affected but it would appear that, short of closing the site, there is little more that can be done.

The planning consent of the remaining multiple site at Towcester expired on the 31st August, 1972 and the site operator has appealed against the planning authority's decision to refuse renewal. The Towcester Rural District Council has also opposed further planning permission for this site on grounds well-known to members of the Council. In the meantime, the operator is legally entitled to continue to use the site for caravans until the result of the planning appeal has been decided and although there has been an improvement recently in the way which this site has been maintained there are still contraventions of the existing site licence. The site would, of course, considerably offend the new licence conditions which the Council have already introduced and imposed on other sites. One of the reasons why the Council is opposed to the renewal of planning consent is the technical difficulty involved in adapting this site to comply with the new conditions.

Part of the site is also subject to the flooding from the Silverstone brook although to a lesser extent than in the case of the other Towcester site. In accordance with the terms of its licence, this site has a maximum capacity of 36 caravans and during the year several complaints were received by the health department from both tenants and owner/occupiers of caravans stationed there. Many of these complaints were in respect of rents and electricity charges which were outside the jurisdiction of the Council.

The holiday caravan site at Cosgrove Lodge Park has a planning

consent which permits a maximum of 300 holiday caravans to be stationed for the period 1st April-31st October in each year. For the number of caravans quoted, the amenities provided are superior to the standards laid down in the model code and no complaints were received until recently when it was found that the licence capacity was being exceeded. It is believed that this trouble has arisen partly as a consequence of change of ownership of this site and the matter is being taken up with the County Planning Officer.

The Council have issued one licence under section 269, Public Health Act, 1936 permitting the use of an area of land to be used for tents. The land in question is again at Cosgrove Lodge Park and allows tents to be stationed there from 1st April-31st October in any year. This site is provided with the necessary services and amenities required by the Act.

Animal Boarding Establishments Act, 1963—This Act provides for the licensing and supervision of kennels and catteries from the point of view of structure, maintenance of buildings and the general welfare of the animals.

Three boarding establishments in the districts were registered under the Act, two as catteries and the other for both cats and dogs. Complaints from nearby residents again alleging nuisance of noise from the latter were investigated but it was not possible to establish sufficient grounds to deal with the matter under the Noise Act. This case has served to emphasise the need for particular care to be taken in granting planning consents for such establishments in proximity to residential areas. Further difficulties arose during the year when the licence was transferred to another ownership. This necessitated continued vigilance by the public health inspectors and finally resulted in the closing of the premises for boarding cats and dogs—the licence not having been renewed.

Pet Animals Act, 1951—This Act was designed to ensure that the conditions under which pets are kept while being held for sale are not detrimental to the welfare of the animals. Other considerations, such as neighbourhood and environmental amenity, can only be dealt with by planning consent as in the case of the Animal Boarding Establishments Act. One licence was in force during the year and the premises concerned were found satisfactory on inspection so that it was not necessary to bring any matter to the attention of the licence holder.

Cinemas and Halls—The one cinema in the district, built immediately pre-war, is fitted with an efficient mechanically operated heating and ventilation and air conditioning system and with sanitary accommodation on an adequate scale. Recently however there has been some deterioration in the structure and equipment and at the time of writing lack of patronage has caused it to be closed down.

The kitchen facilities at the Town Hall have recently been much improved but there is still room for improvement in the sanitary acommodation which cannot be considered adequate for a hall of this capacity.

As a consequence of the provision of new sewerage schemes it has been possible to provide kitchen and sanitary accommodation in more of the village halls and the majority of the latter are now satisfactory in

both respects. By providing septic tank drainage in advance of the public sewers, it is proposed to provide facilities at the Grafton Regis village hall without further delay.

Public Health (Drainage of Trade Premises) Act, 1937—The practical administration of the Public Health (Drainage of Trade Premises) Act, 1937 (as amended) has hitherto fallen on the health department. There are five consents in force which determine the conditions according to which trade effluent is allowed to be discharged into the public sewers. Prolonged difficulties experienced at the disposal works arising from trade effluent discharge from the private abattoir and meat processing factory are, at last, likely to be resolved as the Company concerned aim to treat their own trade waste instead of discharging it into the public sewers as at present. At the time of writing this work is well in hand and involves the construction of the first oxidation ditch system to be installed in the district.

The Public Health Act, 1961 brought farm premises into the scope of the Drainage of Trade Premises Act and surveys of such premises are made by the Chief Public Health Inspector to estimate the amount of discharge. On subsequent occasions surveys have to be made to record variations in the volumes discharged. Consents for the reception of farm effluent into public sewers are conditional and subject to a charge of £2 per thousand gallons. In consequence of the completion of the Wappenham and district sewerage scheme, a number of new discharges from farm premises were permitted during the year at the end of which 20 consents for farm effluent discharges were in force.

Clean Air Act, 1956 and 1968—The only complaints received during the year concerning this subject were confined to garden bonfires—all were resolved informally.

All commercial undertakings in the area have gas or oil-fired furnaces and for this reason no smoke emissions contrary to the Act were reported.

The use of solid fuel for domestic purposes has declined considerably in the district and, in any event, the sale of smokeless fuel has increased. Most of the residential housing development that has occurred in recent years has introduced oil, gas or electric central heating and many of the existing properties have been converted from solid fuel to one of the former. Atmospheric smoke pollution has not therefore been a great problem and for this reason the question of smoke control areas has received little attention in view of the more pressing environmental health matters with which the available staff has had to cope.

Statutory Nuisances—It was not found necessary during the year to resort to statutory action in the case of any matter which fell within this category. All complaints were investigated and where proved to be " statutory nuisances " successfully dealt with informally. When in the opinion of the department complaints were not appropriate for action under the Public Health Act, advice was given as to the possible mode for action such as, for example, private injunction.

The emission of red oxide dust from the Plessey Company's ferrite premises were reported on two occasions during the year but were of

short duration and the position achieved with regard to this process was much improved following the service of the statutory notice in 1971. Improvements to the scrubbing equipment and the installation of a dust emission monitor shows the company's concern in attempting to ensure the best practical means of avoiding atmospheric pollution. However, limitations in the sensitivity of the equipment may necessitate further modification and, in the last resort, the introduction of some means of filtration might have to be considered.

Intensive stock and poultry rearing has again been the cause of several complaints. Trouble from the latter is confined to a short period in the early autumn when accumulated poultry manure is applied to the land. Visits are made by the public health inspectors to ensure that the material is ploughed in without delay but the unpleasant smell is inevitably persistent for some days. Masking agents have been tried without success and as it would appear that the farmer is exercising the " best practical means " there is nothing further that the local authority can do in such circumstances.

Malodourous piggeries give rise to similar complaints but the nuisance persists for longer periods—usually dependent upon climatic conditions. As far as this district is concerned, such problems have arisen almost exclusively because of the intensive rearing of pigs in long established farm premises situated in, or close to, villages where such a concentration of stock was obviously never envisaged. The Public Health Act is again limited in its control over nuisance arising from such premises, because it is the condition in which the premises are kept and not the use to which premises are put which constitutes the statutory nuisance. Where pig production is carried on and due regard paid to cleanliness and removal of manure etc., it must follow that the best practicable means are being employed and in such circumstances the local authority obviously cannot proceed when complaints are received from residents in the vicinity. The answer, if any, would seem to lie in an action for private injunction.

No complaints attributable to atmospheric pollution from the oxide plant at Deanshanger were received during the year but the Council are aware that a series of tests were carried out by the department in conjunction with the Alkali Works Inspector to look into the question of possible emission of lead oxide into the atmosphere. The results proved conclusively, that over a wide area surrounding the factory at the time of sampling, the presence of lead in the various surface soils was insignificant.

Among other matters dealt with under this section were building and house repairs, defective drainage and polluted ditches, offensive accumulations, flooding, nuisance from ice-cream vendor chimes and barking dogs. The problem arising from the misuse of recently constructed highway lay-bys is becoming more serious because of their increasing use, not only by itinerants (who fortunately do not stay long in this district), but also by the ordinary motorist. The answer would seem to be the provision of sanitary conveniences on selected sites and closer supervision by the Highway Authority who, after all, were responsible for the construction of the lay-bys. There is no prior consultation with the local authority in whose district the new lay-bys are situated so that it would seem only equitable for the body creating the problems to take the necessary steps to solve them.

Scrap Metal Dealers Act, 1964—The public health department attends to the registration of these premises and carries out any necessary inspections for the purpose of discovering whether any premises are used for the storage of scrap metal. During 1972 three premises were registered for this purpose.

Petroleum Storage Licences—There were 82 licences in force issued under the Petroleum (Consolidation) Act, 1928 covering the storage of petroleum spirit on 80 premises and the storage of petroleum mixtures on two premises. The licences enable the Council to enforce conditions for the safe keeping and handling of petroleum or petroleum mixtures and during the year three new underground tanks were installed under supervision of the public health inspectors. During the same period, storage of petroleum was discontinued on one premises and arrangements made to render the tank safe.

In addition to the inspection of premises licensed for the storage of petroleum spirit—which includes the pit area of Silverstone racing circuit —factories and garages, where petroleum mixtures are kept as solvents or sprays, have also received attention. Depending on the quantity stored, such places need not necessarily require licensing, but certain regulations enforcable by the local authority still have to be applied.

Future Problems in Environmental Health

While the foregoing is a report on the year 1972, at this historic time it is relevant to consider some of the problems which will face the re-organised department of environmental health in 1974.

The disposal of refuse, and the overall control of sewage works will become the responsibility of County Councils and Water Authorities respectively. District Councils will retain their responsibility for sewering, and collection of refuse. The need for co-operation between the authorities will be paramount. Likewise while the personal health services will be part of the National Health Service, environmental health together with the control of infectious diseases remains a District Council duty.

Successful environmental control can, however, never be achieved without consideration of the personal co-operation of the individuals living in the community. This is evident in its most pressing form in the need for population control. Unless achieved within the remaining years of the century the task of those endeavouring to maintain environmental health will be overwhelming. Already the environment is threatened by congestion on roads and countryside, noise, pollution of air, land, waterways and sea, housing shortages and the need for more services in many fields. The effect of this on the mental health of the people can be inferred by the increase in crime, delinquency, drug taking, alcoholism and child cruelty. The re-organised health services will have the responsibility for providing contraceptive services and plans to expand are already afoot. However in the acceptance by the population of these measures an enlightened health education service will have a vital part to play.

Other aspects of health education will be shared by both authorities, Local Government accepting the need to provide instruction, particularly in safety at home, at work and on the road, and in food hygiene.

It is vital that the secure basis already achieved in the sanitary field is maintained, and the need for the prevention of further pollution, often from products innocently introduced for man's convenience, will be a major function. In rural areas, intensive rearing methods in farming are creating further problems, particularly of smell and pollution and will ultimately require a system of national standards of control.

SECTION D.

HOUSING

Forty-four new units of housing accommodation were completed by the Council during the year shared between Blisworth, Deanshanger, Slapton and Towcester and there were 24 units still in the course of construction at Deanshanger, Blakesley and Weston. Other projects on land already in possession of the Council at Paulerspury and Towcester are in an early stage of preparation for further building. Despite the slow-down in the rate of Council building in recent years—a factor common to most local authorities—there are grounds for considerable satisfaction when one considers that a total of 2,044 houses were completed by the Towcester R.D.C. up to the end of 1972. A vigorous slum clearance programme, actively pursued before and after the war, resulted in the demolition of 1,033 of the district's original stock of 4,400 private houses. Up to the time of writing, not only had these been replaced by Council building but another 1,011 Council houses had been provided for general needs.

In addition, 14 sub-standard houses have been acquired by the Council by agreement from private owners who were not prepared to carry out essential works. Subsequently, these houses, four at Abthorpe and ten at Potterspury, were repaired and modernised by the Council and now represent a considerable asset.

The majority of private dwellings are owner/occupied so that the Council is not only the largest property owner in the district but also landlord of most of the tenanted houses. The accommodation available in Council dwellings includes one and two bedroom bungalows; two, three and four bedroom houses; two-storey two-bedroom maisonettes; and a warden controlled fourteen bungalow unit for old persons.

The scheme of modernisation of pre-war Council houses is nearing completion and out of a total of 2,044 all but 53 are now up to the twelve-point standard. Tenders have been accepted to carry out the necessary alterations in the latter to provide an internal w.c. and the provision of this amenity will complete the modernisation of all Council owned dwellings.

Recently erected Council houses have, of course, had to comply with the more stringent Parker Morris standard so that it would be reasonable to expect that the completion of the present modernisation scheme for the older houses should naturally be followed by further improvements e.g. central heating and improved kitchen facilities, so as to bring all Council owned property up to the new standard.

A scheme for the sale of Council houses to sitting tenants was introduced during the year and at the time of writing 46 had been sold. The scheme excluded the sale of certain categories such as bungalows, old persons' dwellings and maisonettes.

In the private sector a gradual improvement in the standard of the existing housing stock continues—the actual number of such houses improved was approximately the same as that for 1971. It would not be realistic to expect a much higher rate of improvement because the number of houses lacking modern amenities has already been reduced to a comparatively low figure. Although it is obvious that by no means all improvement work being carried out in the district is grant-aided, nevertheless, the number of grant applications should be an indication of the activity which is taking place in this direction. The total number of applications approved for 1972 was 55—28 discretionary and 27 standard grants—approximately the same as in 1971. Eighteen of the discretionary grants attracted the maximum of £1,000 and the applications were divided as to 20 for owner/occupied and eight for tenanted houses. There were 19 standard grants for owner/occupied and eight for tenanted houses. These figures are in the proportion one would have expected having regard to the fact that, as already stated, the greater majority of private houses in the district are owner/occupied.

Formal action under section 16, Housing Act, 1957 was taken against 14 private properties resulting in the making of eight closing orders and six demolition orders thus reducing further the few unfit houses remaining in the district. The South Northamptonshire District Council will therefore have little remaining to do in dealing with houses in the unfit category as far as this district is concerned. Similarly, the number of houses not possessing all five standard amenities are now estimated to have been reduced well below 400 and most of these already possess at least some of the standard amenities.

Previously made closing orders on two "condemned" properties were rescinded after they had been made fit by the owners and a pre-war clearance area was dealt with by revocation procedure as all the dwelling-houses in the area, after extensive reconstruction, had been put into a satisfactory condition. Four houses, the subject of demolition orders, were demolished by the owners but there are a number of similar houses where difficulty has been experienced in securing their demolition and the clearance of the sites. If the work is not carried out in the near future, the Council will be advised to demolish in default and recover the cost as a civil debt.

In accordance with the terms of the Housing Act, 1969, applications for provisional and qualification certificates were made in respect of 19 houses. Following inspections by the health inspectors three provisional and 16 qualification certificates were eventually issued—the latter after certain repairs and improvements had been carried out to the instructions of the inspectors.

The following is a summary of the housing situation in the district as at 31st December, 1972:

PROVISION OF NEW HOUSING ACCOMMODATION

Houses erected by Council pre-war	719
Houses erected (or completed) by Council post war ...	1,323
Completed by Council during 1972	44
Under construction by Council at 31.12.72	24
Erected by private enterprise in 1972	316
Erected by private enterprise post-war	2,952

Unfit Houses

Dealt with as individual unfit houses post war to 31.12.72 ...	472
Dealt with in Clearance Areas post war	—
Dealt with in Clearance Areas and still occupied	1
Demolished post war	604
Subject to undertakings and closing orders at 31.12.72 ...	39
Vacant and awaiting demolition at 31.12.72	31

Improvement Grants

(a) Discretionary Grants

Houses in respect of which improvements were completed by 31.12.72

Occupied by tenants	113
Owner/occupiers	126

(b) Standard Grants

Houses in respect of which improvements were completed by 31.12.72

Occupied by tenants	117
Owner/occupiers	284

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

The production and distribution of food has undergone major changes in the last quarter of the century. Technical advances, which have resulted in the manufacture of an increasing variety of food, with an improved keeping quality, quick transport, pure water, carefully controlled milk supply, and food hygiene legislation have all contributed to the raising of standards. However, many of the innovations have generated further problems of control and the increasing mobility of a rising population have added to, rather than lessened, the need for food hygiene supervision.

Many more premises are now vending food, some for immediate consumption. The almost universal use of refrigerator cabinets, while greatly improving hygiene, nevertheless requires careful stock rotation. There is an increase in the purchase of already cooked food for home consumption. The majority of the working population, including schoolchildren, take their midday meal at a canteen or cafe. Travel at home and abroad is general, the latter sometimes resulting in the importation of intestinal infections, not endemic in the local population, which in food handlers can cause grave concern. The rapid changes in personnel in the food industry need supervision and education from employers and inspectors.

Milk Supply—The supervision of the retail milk distribution in the district is a duty of the Council by virtue of the Milk and Dairies (General) Regulations, 1966. The latter also apply to milk producers but the appropriate authority in that instance is the Ministry of Agriculture, Fisheries & Food. However, any milk borne disease affecting the district is the concern of the health department whatever the source of the milk.

Retail distributors must register their premises with the local authority and in the Towcester rural district eight such registrations are in force. Distributors who retail within this area but whose premises are situated outside are permitted to do so by virtue of the registration in the district where their business is based.

In addition to the need for registration of premises, producers and retailers are required by the Milk (Special Designation) Regulations, 1960 and 1963, to be licensed for the production or sale of any of the permitted grades of milk. It is a statutory requirement that milk sold to the public must fall into one of the following categories, namely, Untreated, Pasteurised, Sterilised and Ultra Heat Treated. The designation ' ' Untreated ' ' refers to raw milk bottled at the place of production and is the successor to the now obsolete " Tuberculin Tested ". The remaining categories are variations and descriptive of heat-treated milk. There are no premises in the district where heat treatment of milk is carried out neither are there any wholesale distribution depots.

Dealers' licences in force in the district are as follows:

Milk (Special Designation) Regulations, 1960 and 1963

Licences for sale of pasteurised milk	11
Licences for sale of sterilised milk	10
Licences for sale of ultra heat treated milk ...	4

In addition to the above, three producer/retailers sell untreated, farm bottled milk on a small scale. As stated, these are licensed by the Ministry but samples of the milk are taken by the health inspectors and submitted for bacteriological and chemical examination. A regular check is kept on the quality of all the milk supply distributed in the area by obtaining and submitting samples for analysis. The purpose of these tests is to ensure compliance with the standards laid down in the Regulations and such matters as the efficiency of heat-treatment, bacteriological standards and cleanliness of production. They are also used to detect the presence of specific organisms—particularly Tubercle and Brucella.

Thirty samples of milk of all grades were taken from distributors and submitted for the appropriate test and all but one sample of raw milk proved to be satisfactory. The follow up on the failure proved to be satisfactory on subsequent sampling. Seven samples were submitted to the ring test for Brucella and all were negative.

In the course of an investigation into an outbreak of food poisoning at a dairy farm in the district—where salmonella typhimurium was subsequently found to be the cause—samples of milk submitted for bacteriological analysis proved that the milk was not infected with the organism but precautions were taken to ensure that the milk was heat treated before use.

During the year only one complaint was received concerning dirty milk bottles and in this instance it was considered that a warning to the multiple dairy concerned was sufficient. In another instance reported to the health department, a paper towel was alleged to have been found in a cardboard carton of milk. Again there was unsufficient evidence to proceed further than to issue a warning to the producers.

Food Premises—Food premises in the district which are subject to the provisions of the Food Hygiene (General) Regulations, 1960 are as follows:

Village and general stores	52
Greengrocers and fruit shops	3
Bakehouses	5
Fried fish shops	3
Bread and confectioners' shops	6
Cafes	7
Transport Cafes	3
Cooked meat manufacturers	1
Hotels with catering facilities	7
Butchers' shops	10
Private Hotels	4
Canteens	13
Slaughterhouses	2
Licensed Premises	45
Spice blenders and millers	2
Ice-cream Premises	80
Towcester Racecourse—restaurants etc.	7
Silverstone Racing Circuit—restaurants etc. ...	4

Inspections of premises in the district where food is handled are carried out as often as possible but regard has to be paid to other duties and the available staff deployed to the best advantage. Nevertheless, proportionately more attention is given to food inspection and hygiene than probably any other subject dealt with by the health inspectors. All food premises in the district during 1972 received at least two visits but some, depending on the degree of importance and the possibility of risk to the public from the processes carried on, were inspected at more frequent intervals. The need to increase the surveillance over food handlers and premises has become even more apparent recently because of the appreciable expansion in the catering industry. The experienced staff needed to service this expansion has not been available and there has been a tendency towards a lowering of standards in some catering establishments. It is felt that in some instances occupiers of such premises have contracted to carry out a greater volume of catering than the premises were suitable or have the facilities for. It is also a fact that there is a substantial increase in the serving of hot snacks and meals on licensed premises where hitherto the only food served was in the form of sandwiches. There is little doubt that there is the need for inspections to be carried out on such premises outside normal working hours—this is already done at Silverstone racing circuit, the Towcester racecourse and Cosgrove Lodge Park—but there is a limit to what can be expected from a small staff. The problem has lately been further accentuated by the introduction at the meat products factory of a night shift for processing and packing meat so it is possible that the question of shift working for both public health and meat inspectors might arise in the not too distant future.

A new restaurant, which will provide eating facilities for the considerable number of persons who visit the village in the summer, is to be opened at Stoke Bruerne and the proposed development of the Silverstone circuit is likely to lead to the provision of large scale catering facilities to serve the numerous projects planned for public entertainment. These new ventures are bound to bring further problems for the health department because suitably trained persons for staffing the expanding catering industry are simply not available. During visits to food premises, every opportunity is seized upon by the health inspectors to emphasise the importance of maintaining a high standard of personal cleanliness, in addition to that of the equipment and premises, and also for the absolute necessity to follow hygienic practices at all times when handling food. In addition to extra vigilance, there is no doubt that part of the answer lies in the establishment of an effective system of health education—particularly for food handlers—and this is an aspect which will need to be given much more attention in the future.

For obvious reasons, detailed in previous reports, the large manufacturing meat-products factory situated at Blisworth has again claimed the greatest share of the health inspectors' available time. The co-operation between the company and this department remains very close there being a mutual desire to ensure that the safety of the products, as far as the consumer is concerned, is of the highest order. 267 samples of the various foodstuffs produced were submitted by the health inspectors for bacteriological analysis and it is to the credit of all parties concerned that all proved to be satisfactory. It is fair to state that the health

inspectors have in the past played a significant part in the quality control of the products from this factory so it is gratifying to note that the value of such advice has persuaded the company to set up their own quality control section and appoint qualified staff to run it. The rapid growth in this food complex has given rise to many problems and as a consequence many valuable lessons have been learned both by the company and the health department.

It is inevitable, despite being visited as often as possible, that some contraventions of the regulations are likely to be found on some of the food premises. This year was no exception and twelve informal notices were served on the occupiers of such premises. Only in one instance was the work related to structural matters when it was found that conditions in certain catering premises, which had changed hands since the last visit, had deteriorated. Following representations from the health inspector some structural repairs were carried out and equipment replaced without delay but the complete remedy involved considerable re-building and the department is putting pressure on the owners to make an early start. The opinion has been expressed in previous reports that the writer's experience leaves no doubt that no food premises should be occupied, or re-occupied, without the prior approval of the local authority and it is understood that the possibility of legislation covering this point is now being considered.

A number of complaints were received during the year from purchasers of articles of food which were, for various reasons, alleged to be unsuitable. Among those investigated were: a loaf of bread alleged to be tainted; a spider in a lardy cake; mouldy pork pies and an apple pie containing a mouse dropping. In the latter case the advice of a public analyst was sought but the evidence was inconclusive and the matter had to be dealt with informally. There was also in this instance the question of sale after the recommended shelf life had expired—as there was, too, in the case of the pork pies. Until legislation is introduced (as is now proposed) such actions are not statutory contraventions but every effort is taken by the health inspectors to impress upon shopkeepers the absolute necessity for maintaining proper stock rotation. No proceedings were taken during the year against any person for alleged sale of unsound food—all were thoroughly investigated and appropriate action taken informally.

Eighteen samples of foodstuffs, which might have contained a causative organism were submitted for bacteriological analysis in two un-connected incidents. In each case an organised party developed some of the symptoms of food poisoning following visits to two catering establishments in the district. Detailed investigations were made by the health inspectors but no pathogenic organisms were discovered in any of the food samples nor isolated from faecal specimens. Nothing explaining the occurrence was found on either premises and as the lapse of time before the appearance of symptoms was not typical of food poisoning it was thought that the probable cause was of viral origin.

Four single cases of food poisoning were notified during the year but except possibly in the case of the farmer already mentioned, all indications were that the sources of infection originated outside the district.

Slaughterhouses and Meat Inspection—Although the occupier of a small private slaughterhouse still holds a licence, no animals were killed on these premises in 1972.

Slaughtering in the district was therefore confined to the private abattoir at Blisworth where the throughput continued to increase. As forecast in the previous report, the kill was quite substantial involving more than 12,000 extra units giving a total of 130,660 animals slaughtered during the year.

By employing extra staff and the re-distribution of duties, the Company have succeeded in increasing the rate of throughput even further and it is anticipated that an additional 10,000 units will have been slaughtered by the end of 1973. The capacity of the existing buildings and equipment has, at times, reached the point of saturation so that the early completion of the works of extension now under way for the provision of a new pig line is imperative. This will be followed by the reconstruction of the remainder of the slaughterhouse resulting in the extension and modernisation of both the beef and sheep killing lines. A great deal of consultation has taken place between the health inspectors and the Company's architects over the design and layout of the new buildings and equipment, particularly from the point of view of compliance with the Slaughterhouse Regulations, the efficiency of meat inspection and the removal of waste products.

The Council appointed an additional meat inspector who commenced duties at the end of 1972 but the extra throughput coupled with the increased rate of slaughtering has made it necessary to seek further assistance on the meat inspection lines. In the case of illness, or absence for any other reason, the work of the meat inspectors has to be carried out by the public health inspectors and there were several occasions during the year when both public health inspectors were on duty at the slaughterhouse. In view of the increased throughput which will be a natural consequence of the new extensions, the situation as regards meat inspection is likely to become critical unless further assistance is provided.

The district veterinary officer of the Ministry of Agriculture, Fisheries and Food continues to carry out monthly inspections of the abattoir accompanied by a public health inspector and it is pleasing to note that the reports he makes to the regional veterinary officer, copies of which are received by the Chief Public Health Inspector, have remained satisfactory.

Condemned Meat etc·—Satisfactory arrnagements for the removal of condemned meat from the private abattoir were eventually achieved and by the end of 1972 all waste from the slaughterhouse was being removed in locked and labelled containers in accordance with the Meat Sterilisation Regulations, 1969 and taken to processors. Bovine livers rejected because of the presence of fluke are removed separately for pharmaceutical and allied purposes—the arrangements for removal being certified by the Chief Public Health Inspector who is authorised to do so under the regulations. The quantity of waste material required to be dealt with is considerable—the subsequent table only shows that resulting from actual rejection during meat inspection.

Other foodstuffs voluntarily surrendered to the public health inspectors during 1972 is also shown. This material is removed in exchange for a condemnation note and buried on the Council's tip.

Ice-cream—80 premises were registered for the storage and sale of ice-cream under section 16 Food and Drugs Act, 1955. All ice-cream sold from these premises is pre-packed, and in each case the ice-cream is stored in thermostatically controlled refrigerating cabinets, complying with the Ice-cream (Heat Treatment) Regulations, 1959.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Health Services and Public Health Act, 1968
Public Health (Infectious Diseases) Regulations
Notification of food poisoning and infectious diseases

All provisions governing the notification of infectious disease and food poisoning are in Sections 47 to 49 of the Health Services and Public Health Act, 1968 and the Public Health (Infectious Diseases) Regulations, 1968.

The infectious diseases to be notified to the medical officer of health are:

Acute Encephalitis
Acute Meningitis
Acute Poliomyelitis
Anthrax
Cholera
Diphtheria
Dysentery (Amoebic or Bacillary)
Food Poisoning
Infective Jaundice
Leprosy
Leptospirosis
Malaria
Measles
Ophthalmia Neonatorum
Paratyphoid Fever
Plague
Relapsing Fever
Scarlet Fever
Smallpox
Tetanus
Tuberculosis
Typhoid Fever
Typhus
Whooping Cough
Yellow Fever

Since 1968 notification of the diseases listed below is no longer required:

Acute influenzal pneumonia
Acute primary pneumonia
Acute rheumatism
Erysipelas
Membranous croup
Puerperal pyrexia

Responsibility for notifying a case or suspected case of food poisoning or infectious disease rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case.

There was a dramatic decrease in infectious disease notifications from 75 last year to 26 this year. Scarlet fever notifications totalled two.

Measles—The incidence of measles notification further decreased. There was only one case notified as compared with 53 in 1971. While measles is no longer a major cause of morbidity in Britain, it is an unpleasant illness and few reach adult life without having contracted it. In addition in the five years preceding 1968 there were 467 deaths. An infection of such universality may result in complications, including

neurological sequaelae and respiratory, eye and aural infections, and during an epidemic year as many as 8,000 hospital admissions may occur.

The regular biennial cycle of epidemics of measles failed to occur in the 1968-69 winter and again in the winter of 1969-70 there was no national epidemic, due probably to the programme of immunisation which began in 1968. The suspension in March 1969 of a certain batch of vaccine led to a shortage and the rate of immunisation has been less than sufficient to prevent the number of susceptible children increasing with the new births each year. It was evident by the middle of 1970 that the incidence of measles would be high as notifications markedly increased and continued throughout the year. By mid-1970 sufficient supplies of vaccine were available and vaccination was resumed, however during late 1970 and throughout 1971 there was a significant rise of measles notifications nationally and a campaign, initiated by the Chief Medical Officer of the Department of Health, to promote further measles vaccination was successful and there was a considerable increase in the numbers of children vaccinated. During 1972 the figures continued to rise and in the county 5,752 children were vaccinated between the ages of 1 and 7 years. 72% of children born between 1st January 1968 and December 1971 were vaccinated.

It is to be hoped that a sufficient number of susceptibles will now be vaccinated and that 1972 will be the last year when a high incidence of measles is recorded.

Rubella—Rubella vaccination became available in November 1970 and this was offered to all girls in their 14th year of life, i.e., aged 13. Following the increased availability of the vaccines this age limit has now been lowered to include 11 and 12-year-old girls.

Vaccination is also offered to female teachers of child bearing age because of the likelihood of their coming into contact with the infection in school. In the county 279 took up the offer, but only 31 had negative haemagglutination inhibition titres, who were vaccinated. Female members of the health department staff were offered similar facilities and 18 of 47 needed protection.

Whooping Cough—There were eleven cases of whooping cough notified during the year. This is another condition which is becoming largely more benign, but in some cases can be distressing, and in infancy, a serious illness. Protection to this disease is often by triple vaccination, together with tetanus and diphtheria. The satisfactory lack of cases is probably due to the high immunisation rate in the district.

The County Council are participating in a survey on the efficacy of pertussis vaccination with the Public Health Laboratory Service. Details of notifications together with (where possible) the vaccinal state of the child are provided. The surveillance will include an analysis of the attack rate in vaccinated and unvaccinated children in areas with computer facilities.

Scarlet Fever—Two cases were notified. This disease continues its mild phase. Its principal interest is that it gives a rough indication of the amount of streptococcal infection in the community.

Smallpox—It has recently been recommended by the Department of Health and Social Security that vaccination against smallpox need no longer be carried out as routine procedure in early childhood as the risk of exposure to infection is far less likely than at any previous time since the disease was first recorded in this country.

It is however emphasised that all travellers to and from areas of the world where smallpox is endemic, or countries where eradication programmes are in progress, and health service staff who come into contact with patients, should be offered vaccination and re-vaccination.

Diphtheria—There have been no cases of diphtheria in Northamptonshire since 1956. There is therefore, with each successive year of freedom from infection, a diminishing recollection of the dangers of this illness. Mothers without knowledge of the disease feel a false security and may not have their children immunised. That this is a dangerous situation cannot be too strongly stressed, as it is only by keeping up the numbers of children immunised that the disease can be kept in check. It is the duty of all parents to have their children immunised, and if they fail to do so, they neglect their welfare.

Poliomyelitis—Once again there have been no cases, and this freedom can be ascribed to immunisation as the decline in incidence has occurred concurrently with vaccination. The oral Sabin vaccine is now used which gives a longer lasting immunity than the Salk or injected variety. A drink of syrup or a lump of sugar is also much more acceptable to the young patients than the previous needle prick.

Sonne Dysentery—No cases were notified.

Food Poisoning—The condition is usually caused by one of the Salmonella organisms, the commonest being the typhimurium strain or paratyphoid A or B. The Staphylococcus gaining an entry to food from an infected spot or boil on the hands, arm or face of a food handler may also cause a severe form of food poisoning. Occasionally food maybe chemically contaminated. Typhoid fever is a rare condition, but like the other salmonellae may gain entry into food by faulty hygiene of food handlers. The sources of infection can be numerous, uncooked contaminated (often imported) meat or poultry being today some of the commonest. Travel abroad resulting in the importation of infections is another source and can cause problems of hygiene in food handlers.

Four cases occurred during the year and the causative organism in all cases was typed as Salmonella Typhimurium but it was not possible to trace the source of the infection. One case occurred in a food handler and it was necessary for this person to discontinue work until negative specimens were received. One case occurred in a farmer and it was necessary in this case to ensure that all milk produced on the premises was heat treated and to exclude this person from handling this product until he became free from infection.

Two further cases occurred in persons having recently returned from a continental holiday.

Salmonella infection is common in bovines, and the incidence of infection on farms is now notified by the Divisional Veterinary Officer to

the Medical Officer of Health. Farm workers are then warned of the possibility of human infection, and given details of hygiene precautions to prevent incidence in themselves or their families.

Respiratory Infection and Influenza—Seven deaths were recorded this year from pneumonia, nine from bronchitis and one from influenza. Other respiratory infections are seldom the cause of death except as a terminal event, but remain a considerable cause of ill health. These are still the highest cause of loss of working hours, and bronchitis, nasal catarrh and sinus infections are still a cause of much disability.

Infective Jaundice—There were six cases notified. The Minister of Health gave sanction that this disease should be made locally notifiable as from 1st July, 1962. By arrangement with other District Councils this also became operative in the County of Northamptonshire. Under the Health Services and Public Health Act, 1968, infective jaundice became nationally notifiable in October 1968.

Acute infective jaundice is a disease caused by a virus, which attacks the liver and causes jaundice. It is mainly an infection of young people of faecal-oral spread and with an incubation period of 15-50 days. The incriminative routes of infection are from food handlers, water, and children to their mothers. The virus is present in faeces 16 days before jaundice, and up to 8 days after. Serum hepatitis, which is another form of infective hepatitis, has a longer incubation period of 50-160 days and affects mainly adults and can be spread by blood transfusion and inefficiently sterilised equipment used by doctors, dentists, nurses and drug addicts, and in the various tattooing processes. The clinical groups of these two types of hepatitis are indistinguishable. There is no specific treatment and a jaundiced adult would be away from work from six weeks to two months, and sometimes might not feel really fit for a year. Quarantine measures are of little value, and patients can be treated at home or in hospital provided adequate hand washing techniques are practised, with current disinfection of excreta. Serum hepatitis can be virtually abolished, if disposable equipment is generally introduced. In the County disposable equipment is used by the County Health Department for all procedures involving immunisation. Gamma Globulin is of value for the protection of close contacts and pregnant women during epidemics.

Meningitis—No cases were notified during the year.

Tuberculosis—One new case of pulmonary tuberculosis was notified and one case of non-pulmonary tuberculosis was also notified. There were no deaths registered from this disease.

Vaccination is offered against tuberculosis by the County Council to all children at 13 years of age. This is carried out in the schools and there is a high acceptance rate.

SECTION G.

STATISTICAL TABLES, 1972.

TABLE No. 1

CAUSES OF DEATH

Causes of Death	*Males*	*Females*	*Total*
1. Enteritis and Other Diarrhoeal diseases ...	—	1	1
2. Malignant Neoplasm, Oesophagus	1	1	2
3. Malignant Neoplasm, Stomach	1	3	4
4. Malignant Neoplasm, Intestine	2	3	5
5. Malignant Neoplasm, Lung, Bronchus ...	3	2	5
6. Malignant Neoplasm, Breast	—	2	2
7. Malignant Neoplasm, Uterus	—	2	2
8. Malignant Neoplasm, Prostate	2	—	2
9. Leukaemia	—	1	1
10. Other Malignant Neoplasms	5	13	18
11. Avitaminoses, etc.	—	1	1
12. Other Endocrine etc. diseases	—	3	3
13. Other diseases of Nervous System	1	1	2
14. Chronic Rheumatic Heart Disease	—	1	1
15. Hypertensive Disease	2	1	3
16. Ischaemic Heart Disease	17	18	35
17. Other forms of Heart Disease	3	4	7
18. Cerebrovascular Disease	16	20	36
19. Other Diseases of Circulatory System ...	6	4	10
20. Influenza	1	—	1
21. Pneumonia	2	5	7
22. Bronchitis and Emphysema	8	1	9
23. Peptic Ulcer	1	1	2
24. Intestinal Obstruction and Hernia	1	—	1
25. Other Diseases of Digestive System	—	2	2
26. Nephritis and Nephrosis	1	—	1
27. Other Diseases, Genito-Urinary System ...	1	—	1
28. Congenital Anomalies	—	1	1
29. Birth Injury, Difficult Labour, etc.	—	2	2
30. Symptoms and Ill Defined Conditions ...	2	—	2
31. Motor Vehicle Accidents	4	2	6
32. All Other Accidents	1	1	2
ALL CAUSES	81	96	177

VITAL STATISTICS FOR 1972 AND PREVIOUS YEARS

Year	*Estimated population*	*Births*		*Deaths*			
				Under one year		*All ages*	
		No.	*Rate*	*No.*	*Rate*	*No.*	*Rate*
1919	*9,387	156	16.61	7	44.87	158	17.53
	†9,011						
1920	9,370	259	27.64	15	57.90	146	15.58
$1921	9,920	211	21.27	21	99.52	131	13.20
1922	9,937	172	17.30	9	52.32	136	13.68
1923	9,944	171	17.19	9	52.63	120	12.06
1924	10,000	162	16.20	9	55.50	115	11.50
1925	9,959	150	15.06	8	53.33	123	12.35
1926	9,870	152	15.40	5	32.89	116	11.75
1927	9,887	144	14.56	8	55.55	115	11.63
1928	9,502	134	14.10	4	29.85	120	12.63
1929	9,398	139	14.79	6	43.16	138	14.68
1930	9,384	115	12.25	8	69.56	129	13.74
$1931	9,324	131	14.04	7	53.43	104	11.11
1932	9,324	118	12.65	0	00.00	114	12.22
1933	9,271	147	15.85	4	27.21	96	10.35
1934	9,200	114	12.39	5	43.80	132	14.34
1935	‡13,155	180	13.67	7	38.88	181	13.75
1936	13,040	210	16.10	10	47.60	165	12.60
1937	12,900	170	13.20	9	52.90	197	12.30
1938	12,860	152	11.80	4	26.30	182	14.20
1939	*12,930	184	14.20	5	27.11	170	13.06
	†12,020						
1940	13,190	184	13.90	7	36.95	219	16.55
1941	14,750	203	13.80	14	68.96	211	14.31
1942	14,050	244	17.40	12	49.18	147	10.47
1943	13,690	254	18.55	14	55.11	193	14.23
1944	13,680	242	17.67	8	33.01	192	14.04
1945	13,500	228	16.14	5	22.80	174	12.88
1946	13,490	273	20.24	13	47.25	178	13.19
1947	13,750	283	20.58	8	28.19	178	12.04
1948	13,910	238	17.11	13	54.62	184	13.23
1949	14,300	255	17.38	8	31.37	179	12.59
1950	14,470	217	15.00	7	32.25	197	13.61
$1951	14,540	230	15.73	11	47.82	197	13.47
1952	14,490	219	15.1	7	31.9	171	11.8
1953	14,410	241	16.7	2	12.4	144	9.9
1954	14.440	230	15.9	7	30.4	181	12.5
1955	14,490	208	14.3	3	14.4	172	11.8
1956	14,450	250	17.3	6	24.0	193	13.3
1957	14,420	221	15.3	5	22.6	155	10.7
1958	14,410	262	18.2	7	26.7	188	13.06
1959	14,550	242	16.6	6	24.7	163	11.1
1960	14,660	284	19.3	2	7.0	142	9.6
$1961	15,370	256	16.6	4	27.3	181	11.7
1962	15,460	250	16.17	6	24.0	173	11.2
1963	15,640	304	19.5	2	6.6	181	11.6
1964	16,140	304	18.5	6	19.5	184	11.4
1965	16,290	321	19.7	4	12.4	161	9.8
1966	16,460	327	19.8	4	11.0	196	11.9
1967	16,780	340	20.3	3	9.0	163	9.7
1968	17,850	396	22.2	6	15.1	175	10.2
1969	18.580	407	21.9	4	10.0	200	10.8
1970	19,210	486	25.3	4	8.0	189	9.8
$1971	21,380	488	22.8	10	20.0	181	8.5
1972	22,260	469	22.1	4	9.0	177	8.0

* Population for calculation of birth rates.
† Population for calculation of death rates
‡ Potterspury R.D. added to district.
$ Census years.

Table No. 3

WATER SUPPLY—INFORMATION RELATING TO PIPED SUPPLIES

Parish	Properties connected to Public Mains			Properties depending on Private Supplies		
	Total no. of houses in parish	*No. of houses served*		*Wells*	*Springs*	*No. of houses served*
		Internal supplies	*Stand pipes*			
Abthorpe	95	94	—	1	—	1
Adstone	35	32	—	2	—	3
Blakesley	140	138	—	1	—	2
Blisworth	671	671	—	—	—	—
Bradden	29	29	—	—	—	—
Cold Higham ...	72	69	—	2	1	3
Cosgrove	186	183	—	3	—	3
Deanshanger ...	856	848	—	1	2	8
Easton Neston ...	34	—	—	4	—	34
Gayton	155	155	—	—	—	—
Grafton Regis ...	70	65	—	5	—	5
Greens Norton ...	371	368	—	—	1	3
Litchborough ...	78	77	—	1	—	1
Maidford	57	55	—	2	—	2
Old Stratford ...	386	386	—	—	—	—
Pattishall	370	367	—	3	—	3
Paulerspury ...	334	331	—	1	1	3
Potterspury ...	578	558	—	4	1	20
Shutlanger	94	93	—	—	1	1
Silverstone ...	430	428	—	1	1	2
Slapton	32	30	—	1	1	2
Stoke Bruerne ...	105	103	—	1	1	2
Tiffield	103	102	—	1	—	1
Towcester	1524	1515	—	4	—	9
Wappenham ...	96	93	—	3	—	3
Weston and Weedon	112	112	—	—	—	—
Whittlebury ...	154	152	—	2	—	2
Wicken	118	117	—	1	—	1
Woodend	64	62	—	2	—	2
Yardley Gobion ...	453	450	—	2	—	3

DRAINAGE AND SEWERAGE

Parish	*House drains discharging to*			*Houses with*	
	Sewers	*Cess-pools or septic tanks*	*Roadside drains, ditches, etc.*	*W.Cs.*	*Pail Closets*
Abthorpe ...	88	6	1	94	1
Adstone ...	29	5	1	32	3
Blakesley ...	125	15	—	128	12
Blisworth ...	655	15	1	669	2
Bradden ...	27	2	—	24	5
Cold Higham ...	69	2	1	69	3
Cosgrove ...	169	17	—	186	—
Deanshanger ...	830	23	3	852	4
Easton Neston ...	25	7	2	33	1
Gayton ...	144	6	5	150	5
Grafton Regis ...	—	7	13	58	12
Greens Norton ...	328	43	—	371	—
Litchborough ...	74	4	—	75	3
Maidford ...	53	3	1	47	10
Old Stratford ...	380	6	—	386	—
Pattishall ...	358	12	—	365	5
Paulerspury ...	321	9	4	331	3
Potterspury ...	546	28	4	575	3
Shutlanger ...	90	3	1	93	1
Silverstone ...	413	12	5	425	5
Slapton ...	29	—	3	30	2
Stoke Bruerne ...	92	10	3	103	2
Tiffield ...	101	2	—	102	1
Towcester ...	1484	40	10	1520	4
Wappenham ...	91	4	—	92	3
Weston and Weedon	105	7	—	109	3
Whittlebury ...	144	10	—	154	—
Wicken ...	101	17	—	118	—
Woodend ...	—	50	14	60	4
Yardley Gobion	439	14	—	453	—

TABLE NO. 5

PREVENTION OF DAMAGE BY PESTS ACT, 1949

Properties other than sewers	*Type of Property*	
	Non-Agricultural	*Agricultural*
1. Number of properties in district	7,486	238
2. (a) Total number of properties (including nearby premises) inspected following notification ...	293	8
(b) Number infested by (i) Rats	87	8
(ii) Mice	17	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	522	101
(b) Number infested by (i) Rats	40	68
(ii) Mice	3	1

Table No. 6

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle	*Calves*	*Pigs*	*Sheep and Lambs*
Number killed (if known) ...	20,175	—	62,643	47,842
Number Inspected	20,175	—	62,643	47,842
All diseases except tuberculosis and cysticerci— Whole carcases condemned	4	Nil	20	11
Carcases of which some part or organ was condemned ...	11,915	—	17,300	6,684
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	59.0	Nil	27.6	13.9
Tuberculosis only : Whole carcases condemned	Nil	Nil	1	Nil
Carcases of which some part or organ was condemned ...	Nil	Nil	47	Nil
Percentage of the number inspected affected with tuberculosis	Nil	Nil	0.07	Nil
Cysticercosis— Carcases of which some part or organ was condemned	120	Nil	Nil	Nil
Carcases submitted to treatment by refrigeration ...	4	Nil	Nil	Nil
Generalized and totally condemned	Nil	Nil	Nil	Nil

FOOD SURRENDERED AND DESTROYED

	Tons	*Cwts*	*lbs.*
Meat at slaughterhouses ...	78	—	—
Meat at wholesale premises ...	2	1	—
Cooked meat and meat products ...	—	—	784
Canned meats	—	—	109
Other canned foods	—	—	50
Contents of refrigerated display cabinets	—	1	48

TABLE NO. 7

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES
(Other than Tuberculosis), 1972

Disease	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
Measles	—	—	—	—	—	—	—	1	—	—	—	—	1
Whooping Cough	2	3	4	1	1	—	—	—	—	—	—	—	11
Infective Jaundice	1	—	1	—	—	—	1	—	—	—	3	—	6
Scarlet Fever ...	—	—	—	1	—	—	—	—	—	—	—	1	2
Food Poisoning ...	—	—	—	—	—	—	—	2	1	1	—	—	4
TOTAL ...	3	3	5	2	1	—	1	3	1	1	3	1	24

TABLE NO. 8

AGE INCIDENCE OF NOTIFIABLE DISEASES
(Other than Tuberculosis), 1972

Disease	—1	—2	—3	—4	—5	—10	—15	—20	—35	—45	—65	65+	TOTAL
Measles	—	—	1	—	—	—	—	—	—	—	—	—	1
Whooping Cough	—	—	1	2	6	2	—	—	—	—	—	—	11
Infective Jaundice	—	—	—	—	—	1	—	1	2	2	—	—	6
Scarlet Fever ...	—	—	1	—	—	—	1	—	—	—	—	—	2
Food Poisoning ...	—	—	—	—	—	—	—	—	1	1	2	—	4
TOTAL ...	—	—	3	2	6	3	1	1	3	3	2	—	24

TABLE NO. 9

INCIDENCE OF NOTIFIABLE DISEASES

(Other than Tuberculosis), 1972

INDIVIDUAL PARISHES

Parish	*Measles*	*Whooping Cough*	*Infective Jaundice*	*Scarlet Fever*	*Food Poisoning*	*Total*
Blisworth ...	—	—	—	1	—	1
Deanshanger ...	—	—	2	—	—	2
Old Stratford ...	—	—	2	—	—	2
Pattishall ...	—	1	—	—	—	1
Paulerspury ...	—	—	—	1	—	1
Potterspury ...	—	—	1	—	—	1
Towcester ...	1	10	—	—	3	14
Wappenham ...	—	—	—	—	1	1
Weston	—	—	1	—	—	1
TOTAL ...	1	11	6	2	4	24

TABLE NO. 10

Prescribed particulars on the administration of the Factories Act, 1937, for the year 1972

PART I OF THE ACT

1. Inspections for purposes of provisions as to health (including inspections made by the Public Health Inspector) :

Premises	*Number on Register*	*Number of*		
		Inspections	*Written Notices*	*Occupier Prosecuted*
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3	1	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	74	45	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	17	10	—	—
TOTAL	94	56	—	—

2. Cases in which defects were found

Particulars	*Number of cases in which defects were found*				*Number of cases in which prosecutions were instituted*
	Found	*Remedied*	*Referred To H.M. Inspector*	*By H.M. Inspector*	
Want of cleanliness (S.1.)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient	1	1	—	—	—
(*b*) Unsuitable or defective ...	—	—	—	—	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	1	1	Nil	Nil	Nil

TABLE No. 11

PART VIII OF THE ACT

Outwork (Sections 110 and 111)

Nature of Work	*Section* 110			*Section* 111		
	No. of out-workers in August list required by Sect. 110 (1) (c)	*No. of cases of default in sending lists to the Council*	*No. of prosecutions for failure to supply lists*	*No. of instances of work in unwholesome premises*	*Notices served*	*Prosecutions*
Brass and Brass articles ...	2	Nil	Nil	Nil	Nil	Nil
TOTAL ...	2	Nil	Nil	Nil	Nil	Nil

TABLE No. 12

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Class of Premises	*Total Premises registered at end of year*	*No. of Persons employed*	*Premises inspected*
Offices	31	284	31
Retail Shops	47	126	47
Wholesale Shops etc. ...	3	7	3
Public Catering Establishments	11	90	11
Canteens	1	10	1
Fuel Storage Depots ...	1	4	1

APPENDIX

The Role of the Community Physician in the reorganised National Health Service

Community medicine is that function of medicine which concerns itself with populations, rather than with single individuals. A community is all the people living within a defined geographical area whether at home, in school, at work, or in hospital. There has been some semantic misinterpretation implying that community was separate from hospital.

In the introduction to the Standing Orders of the Faculty of Community Medicine, Royal College of Physicians (1972) the speciality is defined as " that branch of Medicine which deals with populations or groups rather than with individual patients. In the context of a national system of medical care, it, therefore, comprises those doctors who try to measure accurately the needs of the population both sick and well. It requires to bring to this study special knowledge of the principles of epidemiology, of the organisation and evaluation of medical care systems, of the medical aspects of the administration of health services, and of the techniques of health education and rehabilitation which are comprised within the field of social and preventive medicine. Community Medicine thus brings together within the one discipline those who are presently engaged in the practice of public health, in the administration of the health services whether in hospital, local authority, or central government, in relevant research, and those responsible for undergraduate and postgraduate education in the University departments of social medicine."

The reorganised National Health Service, including the new discipline of community medicine, will end the century of practice of public health as a responsibility of local government authorities.* The era was one of major progress in eliminating the gross environmental abuses to human health, and developing the personal preventive services in school health, maternal and child health. The National Health Service Act, 1948, with its deliberate tripartite structure, excluded these services allowing them to remain the responsibility of the local authorities. This decision was a compromise and permitted central government to concentrate on developing therapeutic services, particularly the building-up of hospital provisions, which were already crumbling and in some areas non-existent. The achievement of this latter objective has been notable. After twenty years the sharp edges of the tripartite system were becoming blurred, and the need for reorganisation was increasingly evident. These changes, many of which evolved as a result of initiative from the public health service, are now recognised and given impetus by legislation. As in 1948, the 1974 reorganisation will result in a similar (and deliberate) amalgam of compromise and concessions. While the personal health services will cease to be the responsibility of the local authorities, school and environmental health will remain with them, and arrangements will

* (The Local Government Board was created in 1871; in 1874 the office of a medical officer of health was created; and the first D.P.H. exam was held in Cambridge in 1875.)

be necessary to maintain co-operation with the social services which retain many functions complementary to health.

Reorganisation of health services are timed to coincide with and relate geographically to the boundaries of local government.

The 1974 Reorganisation Structure

Central government will maintain overall control with strengthened regional divisions at the Department of Health and Social Security. Finance will be centrally determined, and priorities, national standards, and objectives will be decided and resources allocated (unlike local government who first consider needs) to regions, which will largely follow, geographically, the present 14 Regional Hospital Boards. Within the regions there will be 90 Area Health Authorities co-terminus with the county and metropolitan councils of the reorganised local government. General practitioners will retain their independent status, executive councils being replaced by family practitioner committees (a part of the area structure). Central control is envisaged as tight, and regions " will co-ordinate activity and monitor performances at area to ensure that national and regional objectives are achieved ".

While the structure of the reorganised health services is not considered in detail, it is useful to sketch the broad framework in which community physicians will function. Each Regional Health Authority will have a Chairman (nominated by the Secretary of State) and a committee selected for their managerial skills. At officer level, the regional team of officers will consist of a medical officer, nurse, administrator and treasurer, each with their staffs. The regional authority will be responsible for the general planning of all health services, allocation of finance at region and area, and for a number of specialist services including neuro, plastic and thoracic surgery, radiotherapy and blood transfusion, together with undergraduate teaching.

There will be 90 Area Health Authorities, each having a Chairman (nominated by the Secretary of State) and fourteen members. Areas will contain from one to five (or more) district general hospitals within their boundaries and have overall responsibility for providing all health services for the population. As stated the area will relate geographically to the boundary of the reorganised local authority. Exact co-terminosity cannot always be achieved and there will be overlap areas the servicing of which is a necessary part of forward planning. The area will also be responsible for the setting up of Community Health Councils, which will serve the constituent districts and who will represent the consumer use of the National Health Service.

The area medical officer will be a member of the area team of officers, consisting of nurse, administrator and treasurer, and will have a staff of community physicians responsible for various administrative and preventive medical functions.

At both region and area Joint Liaison Committees have been established for the purpose of co-ordinating the preparatory work required prior to reorganisation, and with the responsibility of collating information, defining districts and making preliminary assessment of matters requiring decision by the shadow authorities.

General Activities of the Community Physician

Community physicians will function within these administrative units, the regional and area medical officer with their individual teams of community medicine specialists, while at district (the real operational level) there will be a district community physician, who will also be a member of a district team of officers, which will include clinicians from general practice and hospitals.

At all levels community physicians will be responsible for a wide spectrum of activities which will include planning, particularly at area and regional level; the measurement and evaluation of health programmes; the development of information systems which will include record linkage, the use of statistics, computers, morbidity and mortality indices. Planning will require rational co-ordination between hospital and community and here assessment of priorities will be vital. In the field of preventive medicine, child health (including the school health service), health education, identification of vulnerable groups, screening, and a grasp of the effects of advances in medical knowledge will all have a part, and will need skills to anticipate and deploy resources to achieve success.

Community physicians will be members of teams. This function will require new skills and success will depend on being able to convince colleagues, by the careful building up of information systems based on data, of population needs, the evaluation of existing services and the assessment of options, to accept policies and achieve agreement, then setting out successfully to implement those policies. The term "accountability upwards and delegation downwards" if it is to work successfully will require full understanding and co-operation between officers at all levels.

The Community Physician at District Level

It is at this level that advice on environmental health to the local authorities will be required, and either the district community physician, or more likely, a designated specialist in community medicine, will act as the "proper officer" to advise district councils on environmental health.

The health service district will be that area served by the district general hospital, involving populations varying in size from 150,000 to 300,000. Services cannot be organised on a strict geographical basis as choice of specialist will remain the prerogative of the general practitioners. Patient flows may vary with specialty. The defined boundaries enjoyed by local authorities will not therefore be applicable for health services and flexible overlap arrangements will be required.

The basic unit of the reorganised health service is the district in which primary care services supplied by family practitioners, either working in group practices, or in health centres, will be supported by the secondary specialist services based in the district general hospital. The community physician at this level will have many functions; as a member of the district medical team (the only team on which clinicians will serve); as co-ordinator of health care teams for children, the elderly, maternity, mental and mentally handicapped services, together with any other ad hoc team locally organised. He may also act as adviser to the local district councils on environmental health. He will be required to provide

information and advice on all aspects of health needs and on the best deployment of resources to meet those needs.

The district will be the optimum level at which to plan and provide a substantially comprehensive service, in which the community physician will have a vital role in organising operational policies and developing district plans.

Collaboration with Local Authorities

Collaboration Committees are to be established which will include members from both local authorities and the National Health Service, with the responsibility to initiate and maintain the strongest links between the two services. Medical advice will be provided by community physicians and their staffs. Thus a major function of the community physician will be in his role as link between the local authorities and reorganised National Health Service. His success in maintaining the relationship with them will be a major factor in sustaining domiciliary services. The social services departments will retain their responsibility for the home help services, for mental health, the elderly, care of children, the handicapped and other services. The need for the strongest of ties in co-operation in planning for all these needs requires no emphasis.

School and environmental health services, including the control of infectious diseases (requiring special arrangements with district councils) should continue at their present satisfactory standards. The time honoured office of medical officer of health will cease, together with the many statutory functions, and while those already employed in the public health service are acquainted both with local authority staffing and structure and have established a relationship with its officers, unless a strong and workable system of collaboration is iniated and maintained from the outset, there could be a deterioration when doctors lacking any local authority experience take their place as community physicians.

Training for Reorganisation

Immediately preceding reorganisation short courses in medical administration and integration of medical care have been set up by the Department of Health and Social Security for those already employed in administration of health services. The former, as recommended by the Working Party on Medical Administration, 1970 (Hunter Committee) are for doctors, while the latter include all those disciplines involved in health care.

Conclusions

The reorganisation of the National Health Service will mark another era in health care in the United Kingdom. The introduction of planning cycles using broad guidelines against known constraints should result in a greater sense of direction of health care planning and cohesion of all services. The opportunity will be given, for the first time, for members of the medical profession to identify what they believe to be the real health needs of the population and how they may best be met from the limited resources (money, manpower, material) available. The community physician as a member of the team at all levels will have an essential role to play. Initially his objective should be to concentrate on subjects

which call for his particular expertise maintaining his present preventive activities together with the efficient collaboration with local authorities. His knowledge of statistics, epidemiology, the organisational aspects of medical care and the development of medical information systems can all provide vital components in the successful operation of the reorganised National Health Service.

THE NEW STATUTORY BODIES RESPONSIBLE FOR NHS ADMINISTRATION

Title	Main Functions	Method of Appointment	Accountability
1. Regional Health Authorities (R.H.A.'s)	a. Regional planning and policies;	Chairman: by Secretary of State	
	b. Allocation of resources between A.H.A.'s; c. Monitoring of performance of A.H.A.'s;	Members: by Secretary of State after consultation with l.a.'s, universities, health professions, T.U.C., voluntary organisations, other interested bodies	Secretary of State
	d. Executive and operational functions which need to be undertaken on a wider basis than area (inc. responsibility for major capital works, metropolitan county ambulance services, computer services);		
	e. Employment of medical consultants and senior registrars except in " teaching areas " (see 3 below)		
2. Area Health Authorities (A.H.A.'s)	a. Area planning policies;	Chairman: by Secretary of State	
	b. Operation of all services (except for those referred to at 1d)	Members (usual pattern): local authority(ies) (statutory minimum)	R.H.A. (except for 2e, for which accountability is to the Secretary of State)
	c. Collaboration with local authorities	1 by R.H.A. on nomination of university	
	d. Employment of staff for those purposes (except for those at 1e)	9 by R.H.A. after consultation with professions and interested organisations (including	
	e. Arrangements with family practitioners	federations of workers or organisations)	

Title	Main Functions	Method of Appointment	Accountability
3. Area Health Authorities (Teaching) (A.H.A.(T)'s)	a. As for other A.H.A.'s b. Provision for university of substantial clinical teaching facilities c. Employment of consultants and senior registrars	As for other A.H.A.'s but with 1 or 2 additional members appointed on the nomination of universities and with additional appointments of members with teaching hospital experience	As for other A.H.A.'s
4. Family Practitioner Committees (F.P.C.'s)	Administration of arrangements for family practitioner services	Chairman appointed by and from among members 11 members appointed by A.H.A. (at least 1 to be a member of the A.H.A.) 4 members appointed by matching local authority(ies) 15 members appointed by by the professions involved	Secretary of State A.H.A.

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